Pusat Pengurusan Makmal Berpusat | Centralised Lab Management Centre CLMC/07/2019-01

## **INSTRUMENT AND LABORATORY RENTAL APPLICATION FORM**

\*The price in the table is the maximum price. However, the price is negotiable with the person in charge depending

on the sample quantity.  A. APPLICANT INFORMATION							
Name		:					
Programme/ Project Tittle:_		·le:					
Identity Card Nu.		:	Telephone Nu. :				
Campus/ University		:					
Faculty/ Department :		:					
Purpose :		:					
Date		:to					
В. Е	B. EQUIPMENT INFORMATION						
DETAIL OF EQUIPMENT CHARGE *Refer to CLMC's website							
Bil.	Equipme	nt	Quantity (Sample/hours/set/ plate/ 250ml)	Charge Rate, (RM)	Analysis Cost, (RM) (Quantity x Charge Rate)		
	,		,				
C. P	'AYMENT INFORM	ATION					
		PAYM	ENT INFORMATION (INTER	NAL USER)			
1.	Supervisor's Nam	ne					
2.	Provisioning Cod (RXXX, RRXXX)	е					
3.	Signature & Stan	np					



## Pusat Pengurusan Makmal Berpusat | Centralised Lab Management Centre CLMC/07/2019-01

PAYMENT INFORMATION (EXTERNAL USER)					
1.	Name				
2.	Institution Name				
3.	Payment Method	Electronic Fund Transfer (EFT)  Account Name: BENDAHARI UNIVERSITI SULTAN ZAINAL  ABIDIN  Account Name: 130 170 100 823 94  Bank Name: BANK ISLAM MALAYSIA BERHAD (BIMB)			
4.	Signature & Stamp	Reference: Quotation Number  ***Please attached together the proof of payment slip			
	oignatoro a stamp				

## D. DECLARATION

I hereby acknowledge the following terms;

- i. Already discussed and learnt how to use the equipment with the accredited laboratory officer.
- ii. Will be responsible for the personal safety and the security of the equipment that I use. And Will be ensured the cleanliness of the working space and comply all the established laboratory regulations.
- iii. Will report orally or in writing immediately to the Laboratory Management if there is any problem/ damage/ loss during the utilization of the equipment.

Signature & Stamp:	Date:			
E. VERIFICATION (Project Supervisor)				
The application is supported /not supported				
Signature & Stamp:	Date:			
F. APPROVAL				
The application is approved /not approved				
Laboratory Coordinator / In-Charge Officer,				
Signature & Stamp :	Date:			