

 UTM UNIVERSITI TEKNOLOGI MALAYSIA	UNIVERSITY LABORATORY MANAGEMENT CENTRE (PPMU) UTM KUALA LUMPUR	FORM	UTM.K.09.16/EL/2018/3 EQUIPMENT / LABORATORY USAGE FORM
		A COPY FOR	OFFICE / P.I.C.
*EQUIPMENT / LABORATORY:		*PERSON IN CHARGE (P.I.C.):	

READ FIRST:

- All information provided in this form must be **TRUE** upon submission.
- Please fill up the form in **TWO (2) copies**.
- If the equipment requested from applicants are to be brought outside the laboratory / workshop, an **application letter endorsed by Supervisor / Project Leader / Lecturer** needs to be submitted to the Director of Administration of Deputy Vice-Chancellor (Research & Innovation), UTMKL.
- The office has the right to reject any activity from the applicant if the activities are suspected to have high risks to the p.i.c. / environment and/or can cause damages to the instrument.
- For further inquiries on the availability of laboratory and equipment, kindly contact the p.i.c. of respective laboratory.

1. APPLICANT'S PARTICULARS <i>Please attach an appendix if the applicants are more than one (or in a group). Mandatory (*).</i>						
*NAME					DATE	/ /
*STATUS <i>(Please tick one)</i>	UNDERGRADUATE		POSTGRADUATE		STAFF	NON-UTM
*MATRIC NUMBER / ID NUMBER						
*FACULTY / DEPARTMENT						
*MOBILE PHONE						
*E-MAIL						
2. SUPERVISOR / PROJECT LEADER / LECTURER / ORGANISATION PARTICULARS <i>Mandatory (*).</i>						
*NAME						
*FACULTY / DEPARTMENT						
*ORGANISATION ADDRESS						
*MOBILE PHONE / OFFICE EXT.			*E-MAIL			
*STAFF ID			*VOT NUMBER			
*RESEARCH TITLE						
*SIGNATURE, STAMP & DATE <small>By signing this form, the Supervisor / Project Leader / Lecturer / Organisation is hereby responsible to ensure that the applicant complies to the laboratory rules and regulations and will take full responsibility for any undesirable event happen.</small>						
3. EQUIPMENT DETAILS <i>Mandatory (*).</i>						
*EQUIPMENT INFORMATION / PURPOSE OF LABORATORY USAGE						
*DURATION OF USE	FROM:		TO:			
*MODE OF PAYMENT <i>Please choose one: CASH / GRANT</i>						
*NAME OF EQUIPMENT #1:	*NAME OF EQUIPMENT #2:		*NAME OF EQUIPMENT #3:			
*NUMBER OF EQUIPMENT	*NUMBER OF EQUIPMENT		*NUMBER OF EQUIPMENT			
5. EQUIPMENT / LABORATORY PRICING <i>Office Use ONLY</i>						
PRICE (RM)		PRICE (RM)		PRICE (RM)		
TOTAL (RM)		TOTAL (RM)		TOTAL (RM)		
GST 6% (RM)		GST 6% (RM)		GST 6% (RM)		
GRAND TOTAL (RM)		GRAND TOTAL (RM)		GRAND TOTAL (RM)		
OFFICER SIGNATURE, STAMP & DATE			COMMENTS:			

THIS FORM SHALL BE PRINTED ON RED PAPER