



FACULTY OF ENGINEERING  
DEPARTMENT OF BIOLOGICAL AND AGRICULTURAL ENGINEERING

LABORATORY SERVICES / EQUIPMENT USAGE APPLICATION FORM  
(UPM/FK/KBP/APPLY)

1. Applicant's Name: \_\_\_\_\_
2. \*Matric/Staff No.: \_\_\_\_\_ 3. Position: \_\_\_\_\_
4. \*Dept./Faculty/Organization: \_\_\_\_\_
5. Telephone No.: \_\_\_\_\_ (Mobile) 6. E-mail: \_\_\_\_\_
7. Billing Address: \_\_\_\_\_  
(if outside UPM) \_\_\_\_\_
8. Name of Laboratory: \_\_\_\_\_ 9. Name of Lab's Staff: \_\_\_\_\_
10. Name of Equipment: \_\_\_\_\_
11. Name of Testing Required (if applicable): \_\_\_\_\_
12. No. of Samples (if applicable): \_\_\_\_\_
13. Date/Period of usage: \_\_\_\_\_ 14. Duration of usage: \_\_\_\_\_

I am applying for the above-mentioned services and will bear all costs of these services using method of payment

\*Cash / Cheque / LO / PO / Internal VOT Transfer from VOT No.: \_\_\_\_\_

\*Cross out whichever is not applicable

Applicant's signature: _____ Date: _____	Supported by Supervisor / Project Leader: (For Undergraduate/Postgraduate/Research Members) _____ Date: _____ Stamp: _____
<b>FOR OFFICE USE:</b>	
Approval from Owner/Caretaker of Equipment: _____ Date: _____ Stamp: _____	Approval from Head of Laboratory/ Coordinator of Development: _____ Date: _____ Stamp: _____
Payment information: Job Ref. No.: _____ Cost (RM): _____ Cheque/VOT No.: _____ Invoice no.: _____ Receipt no.: _____ Remarks: _____ Status of Job: _____	Approval by Department's Science Officer: _____ Date: _____ Stamp: _____