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BOOKING OF INVENTORY / EQUIPMENT

Applicant's name :

Staff no. / Matric no. :

K/C/D/I/O :

Event :

Time & Date of Event :

Contact no. :

Type of Inventory/Equipment :

Date Return :

I will be responsible on any lost/damaged of the above item(s) during my custody.

Signature :

Date :

Return date:

Signature:

Name

Date :

FOR OFFICE USE ONLY

I hereby **APPROVED / DISAPPROVED** this application

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Officer in Charge, OCAP

Remarks :

Date received :