



KULLIYAH OF SCIENCE

INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

DISPOSABLE/CONSUMABLE ITEM (S) REQUEST FORM

Section 1- This section is to be filled by the applicant and the form is to be submitted to the lab staff in-charge 2 days before the day of collection as stated in the timetable.

A. Applicant's Detail Information

Name : _____
Matrix/Staff No. : _____ Contact No. _____
Department/Kulliyah : _____
Project Title : _____
Supervisor : _____
Co-Supervisor (if any) : _____
Request Date : _____

B. Required Item(s)

No.	Description of Item(s)	Quantity	Inventory Status (Office Use)	Remarks
1			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
10			<input type="checkbox"/> Yes <input type="checkbox"/> No*	

* The delivery based on delivery term by supplier (1-3 months)

Recommended by:

Approved by:

(Supervisor/Co-Supervisor)
Date:

(Science Officer /Assistant Science Officer)
Date:

Section 2- (Upon Giving)

Given by (Name, Initial &Date) : _____

Received by (Name, Initial &Date) : _____

***Note: Please use additional space at the back of this page if space is insufficient.
: Please keep a copy for your reference.**

No	Description of Item	Quantity	Inventory Status (Office Use)	Remarks
11			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
12			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
13			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
14			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
15			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
16			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
17			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
18			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
19			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
20			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
21			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
22			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
23			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
24			<input type="checkbox"/> Yes <input type="checkbox"/> No*	
25			<input type="checkbox"/> Yes <input type="checkbox"/> No*	