

**BORANG TEMPAHAN PERKHIDMATAN/UJIAN PERALATAN MAKMAL**

***LABORATORY BOOKING FORM FOR SERVICE/ TEST/EQUIPMENT***

Sila lengkapkan maklumat-maklumat berikut:

*Please complete the following below:*

|  |
| --- |
| **MAKLUMAT PEMOHON/ *APPLICANT INFORMATION*** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nama  *Name* | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Fakulti/Jabatan  *Faculty/Department* | | | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| No. Tel  *Phone No.* | | : | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Emel  *Email* | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MAKLUMAT TEMPAHAN/ *BOOKING INFORMATION***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nama Makmal *Laboratory’s Name* | | | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Tarikh  *Date* | : | \_\_\_\_\_\_\_\_\_\_\_ | | | | |  | Masa  *Time* | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | sehingga  *until* | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tujuan  *Purpose* | | | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |

**BUTIR-BUTIR PERKHIDMATAN/ *SERVICE DETAILS***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.**  ***No.*** | **Nama Ujian/Peralatan**  ***Test Name/Equipment*** | **Harga/Caj**  ***Price/Charge*** | **Bil. Ujian**  ***No. of Test*** | **No. Resit**  ***Receipt No.*** | **Jumlah (RM)**  ***Total (RM)*** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **Jumlah**  ***Total*** | | | | |  |

|  |  |
| --- | --- |
| Tandatangan Pemohon:  *Applicant’s Signature:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nama:  *Name:*  Fakulti/Jabatan:  *Faculty/Department :* | Nama dan Cop Pegawai Bertanggungjawab:  *Signature Stamp of Laboratory Officer:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |