

**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***

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

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

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| --- | --- | --- | --- | --- | --- |
| **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:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |