



澳門大學
UNIVERSIDADE DE MACAU

REQUISITION FOR LABORATORY COSUMABLES (MONTHLY)

Date:	/ / (dd/mm/yyyy)		
Name:		Supervisor:	
Leader:		Laboratory:	
Dormitory Tel. No:		E-mail:	

	Code	Apparatus name	Qty	Qty of Supply	Signature	Dispatch	Record
1	M						
2	M						
3	M						
4	M						
5	M						
6	M						
7	M						
8	M						
9	M						
10	M						

Important : Requester should fill in the code and apparatus name. The apparatus with no code number and/or name available, requester should complete the "student purchase request form" separately.
 Every team can only submit this form once with team leader's approval signature.
 The shaded section will be completed by laboratory technician.

Signature: _____ **Date:** _____

Team leader's signature: _____ **Date:** _____

☆ In order to reduce the workload of the staff, please submit this form on the first Monday of every month to the relevant staff. ☆

Signature

Dispatch

Record
