



澳門大學
UNIVERSIDADE DE MACAU

實驗室儀器使用預約表

Data	/ /		
	Day	Month	Year
Instument		Model	

Booking Time	Days
Assign Date	月 日至 月 日 (Last Decision by Authority)
Experiment Description	

Name	/	Group	A B C D No
Supervisor		Leader	

Signature: _____ **Device Manager Signature:** _____

Leader Signature Date: _____年____月____日

(Remark: Please be sent to your team leader for your request in the next week before every Thursday 4:30pm. The decision will be showed off outside 201 **every Friday 4-5pm**)

For Office Only

_____ and _____ is (are) approved to use

_____ device from _____月____日 to _____月____日.

Total for () day(s).

Signature: _____ **Date:** _____



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