

Komar University of Science and Technology Laboratories Unit

Borrowing Lab Items

Requester's Name:		Department:	
Phone Number:		Date:	
No.	Item Name	Quantity	Note
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Requester's Name and Signature

Lab Member's Name and Signature



Komar University of Science and Technology Laboratories Unit

Returning Lab Items

Department:
Date:
Quantity Note
1
ture Lab Member's Name and Signature