

**BORROWERS SLIP**

Name: _____ Date Borrowed: _____

Department: _____ Date Returned: _____

Item No.	Quantity	Unit	Description	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Purposed:*Prepared by:*

(Signature over Printed Name)

Approved by:

VisionProvider of highly skilled electricians
in Central Luzon**Mission**To create a passion for learning and promote
innovation

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