

ITEM TYPE: ☐ REAGENTS & SUPPLIES ☐ SPARE PARTS ☐ ACCESSORIES ☐ MACHINE & EQUIPMENT ☐ OTHERS

NAME OF EMPLOYEE:				DATE REQUESTED:			
ACCOUNT NAME:							
ACTIVITY:							
DESCRIPTION				QTY	PART NO.		AMOUNT
MACHINE TO BE USED:							
DESCRIPTION				SERIAL NO.			
REMARKS:	RECOMMENDED BY:			APPROVED BY:			
	<input type="radio"/> Approved <input type="radio"/> Disapproved			<input type="radio"/> Approved <input type="radio"/> Disapproved			
	Technical Service Supervisor			IRIS CLINT CARO			
	(Signature over Printed Name)			Technical Service Director			
	DATE SIGNED:			DATE SIGNED:			

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