

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

NAME OF EMPLOYEE		DATE REQUESTED		DATE OF ACTIVITY	
ACCOUNT NAME		TYPE OF ACTIVITY			
PART NO.	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL AMOUNT
GRAND TOTAL					

MACHINE TO BE USED					
SERIAL NO.	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL AMOUNT
GRAND TOTAL					

REMARKS:

ENDORSED BY

CHECKED BY

APPROVED BY

(Signature over Printed Name)

IRIS CLINT CARO
Technical Service Director

PRESIDENT / VICE-PRESIDENT

DATE SIGNED:

DATE SIGNED:

DATE SIGNED: