

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	
Product Manager/Product Application Manager <small>(Signature over Printed Name)</small>		Immediate Superior <small>(Signature over Printed Name)</small>		IRIS CLINT CARO Technical Service Director	
DATE SIGNED:		DATE SIGNED:		DATE SIGNED:	

BMI-FORM-TSD-001

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