



**INSTITUTE OF MARINE BIOTECHNOLOGY
UNIVERSITY MALAYSIA TERENGGANU
21030 MENGABANG TELIPOT
KUALA TERENGGANU
TERENGGANU
Phone: +609-6683603/3602, Fax: +609-6683105**

APPLICATION FORM FOR REAGENT/CHEMICAL /INSTRUMENT

Details of applicant:

Name : _____ IC/Passport No. : _____
Matrix No. : _____ Phone No : _____
Program : PhD MSc. Others : _____
Field of Study : _____
Faculty/Institute/Department : _____

Details of reagent/chemical application:

Date (from) : _____ Date (till) : _____
Location : _____
Propose for : _____

Details of reagent/chemical:

No.	Reagent/Chemical/Instrument	Quantity

REPLACEMENT SHALL BE MADE AFTER SIX(6) WEEK UPON RECEIVED CHEMICAL/CONSUMABLES/SERVICES, FAILED TO DO SO ENABLES IMB'S MANAGEMENT TO DEDUCT THE REPLACEMENT COST FOR THE CHEMICAL/CONSUMABLES FROM VOTE: _____

Signature of applicant: _____

Support by Supervisor/Lecturer: _____

Date : _____

Name/Stamp: _____

Date: _____

For Office Use Only:

Approved by _____

Science Officer: _____

Name/Stamp: _____

Date: _____