

CHEMICAL/APPARATUS/CONSUMABLE MATERIAL BOOKING FORM

*Refer to CLMC's website for List of Chemicals.

A. APPLICANT INFORMATION

Applicant Name : _____

Position/ Programme : _____

Telephone Nu. : _____ Staff Nu./ Student Matric Nu. : _____

Signature : _____ Application Date : _____

Purpose : _____

Date to use the material being applied : _____

B. CHEMICAL/ APPARATUS/CONSUMABLE MATERIAL APPLICATION

Item	Chemical/Apparatus/ Consumable Material Name	Quantity,(unit)	Note

C. APPROVAL

The application is approved/not approved

Store Manager,

Signature & Stamp

Date : _____

D. ISSUANCE OUT OF CHEMICAL/ APPARATUS/ CONSUMABLE MATERIAL

Received by :

Name : _____

Signature & Stamp : _____ Date : _____

Note:

1. The application must be made **at least 3 days** before need to use the chemical/apparatus/ consumable material.
2. The issuance out the chemical/ apparatus/consumable material is based on the approval from the Store Manager.
3. The time to issue out the chemical/ apparatus/consumable material from the store is only during office hour.