

Laboratory Service Charging Details Form
Faculty of Pharmacy



User name: _____ Supervisor's name: _____

Department: _____ Faculty / PTJ: _____

Institution: _____

Instrument: _____ Usage period: _____

Payment to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Chemical Analysis Services | <input type="checkbox"/> Quality Control Laboratory | <input type="checkbox"/> Pharmaceutical Technology Services |
| <input type="checkbox"/> Pharmacogenomics Laboratory | <input type="checkbox"/> Semi-solid Laboratory | <input type="checkbox"/> Bioinformatics Unit |
| <input type="checkbox"/> Certification Unit | <input type="checkbox"/> Chemistry Dept. | <input type="checkbox"/> Clinical Pharmacy & Pharmacy Practice Dept. |
| <input type="checkbox"/> Technology Dept. | <input type="checkbox"/> Life Science Dept. | <input type="checkbox"/> Other: _____ |

No. of hour / day	Charge per hour / day (RM)		Total charge (RM)
No. of samples	Charge per sample (RM)		Total charge (RM)
Consumables	Quantity	Charge per unit (RM)	Total charge (RM)
Other charges	Quantity	Charge per unit (RM)	Total charge (RM)
Grand total charge:			

Prepared by (Lab Manager or PIC for the equipment)		Date
Name:		
Sign & Stamp:		
Checked by (Faculty's Income Generation Unit)		Date
Remark:		
Name:		
Sign & Stamp:		