

## TESTING REQUISITION FORM

### KARL FISCHER COULOMETER (KF)

		<b>Office Use Only</b>	
<b>NAME</b>		<b>DATE OF SUBMISSION</b>	
<b>FACULTY/ UNIVERSITY/ COMPANY/ ADDRESS</b>		<b>REFERENCE NO.</b>	JNC017/
<b>TELEPHONE NO.</b>		<b>ASSIGNMENT UNIT</b>	Reactor Hall
<b>E-MAIL</b>		<b>SCIENCE OFFICER</b>	

**\*\*SAMPLE TYPE: LIQUID ONLY**

**\*\*AMOUNT OF SAMPLE: MIN. 5 ML**

NO	SAMPLE ID	REMARKS
TOTAL =		

**Additional Information :**

MAK VALUE    (    ) Harmless            (    ) Toxic                    (    ) Combustible (    ) Irritating

Chemical Formula: \_\_\_\_\_ (if not known, please list compounds @ elements potentially present)

**For Office Use Only**

<b>APPROVED BY :</b>  <div style="border-bottom: 1px solid black; width: 100%;"></div> NAME: _____ DATE : _____	<b>SUBMITTED BY</b>  Initial: _____ Date: _____ <b>SUBMITTED TO</b>  Initial: _____ Date: _____	<b>STATUS</b>  Completion date: ____/____/____
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Note:

\*For Internal payment, select: **'TABUNG AKTIVITI NANOCAT'** as a payee. Account No: **J-55024-76160 (WBS: UM.0000348/KWJ.AK)**

\*For Non Universiti Malaya, payment made by crossed cheque of **'BENDAHARI UNIVERSITI MALAYA'** , **CIMB Bank Account No : 80-0127999-8.**