COMPONENTS STORE FACULTY OF ELECTRICAL ENGINEERING

MATERIAL / COMPONENTS REQUEST FORM

(Please fill in 2 copies and attach 1 copy of the relevant project circuit) Components damaged due to student negligence cannot be replaced

NAME *STAFF / STUDENT	:	NUM. * STAFF / MATRIC	:
NAME * HEAD OF LABORATORY/ PROJECT SUPERVISOR	:	*DEPARTMENT / COURSE	:
TITLE *EXPERIMENT / PROJECT	:	PHONE NUMBER	:

NUM.	MATERIAL /	DESCRIPTION / SPECIFICATIONS	QUANTITY / UNIT
	COMPONENTS		
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20		Use appendix 1 for the next application	

Note *Head of Laboratory / Project Supervisor:

Signature *Head of Laboratory / Supervisor

Signature of Assistant Engineer (Component Store)

.....

Date:

Date:

QUANTITY / UNIT NUM. MATERIAL / **DESCRIPTION / SPECIFICATIONS COMPONENTS**

Appendix 1