

# Faculty Analytical Device Loan Approval Sheet

## Applicant Details

Name	
Department	
Contact Number	
Email	

## Device Information

Device Name	
Device ID/Inventory No.	
Model/Serial Number	
Purpose of Loan	
Loan Start Date	
Expected Return Date	

## Approvals

Recommended By (Supervisor/Head)	
Approved By (Laboratory Manager/Coordinator)	
Remarks/Conditions	

## Applicant Signature

Date:

Supervisor/Head Signature

Date:

Lab Manager/Coordinator Signature

Date: