

Food Industry Research and Development Center

Faculty of Food Industry, KMIT’L

foodinnopolis@kmitl.ac.th Tel. 084-9034234

 Service Requisition Form for using Scientific Equipment

Dear Associate Dean in Research and industry

 Name ...........................................................................................................................................................

Company/Organization ..........................................................................................................................................

Address .....................................................................................................................................................................

Province .......................................... Postal code ................... Phone/Mobile .................................................. E-mail .........................................................................................................................................................................

 1. Scientific equipment ..........................................................................................................................

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 2. Intended Used Services .....................................................................................................................

 .................................................................................................................................................................

 3. Period ......................................................................................................................................................

 4. Advisor ………………………………………………………………………………………....…………………………………………

 Name/Organization for receipt ..............................................................................................................

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 Receipt In-person Post

 Delivery Address …………............................................................................................................................

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 Remarks 1. I agree to make a payment of the expense after the service.

1. The analysis and the scientific equipment services are under the faculty’s regulations or else the agreement a case-by-case basis.
2. If there is any damage caused due to the usage of scientific equipment, I will be willing to pay for any damage that incurred.

 Signed ....................................................................... Client

 (.......................................................................)

 Date ................. /................................ / ..................