



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
-
-
- 2. Intended Used Services
-
-
- 3. Period
- 4. Advisor

Name/Organization for receipt

Receipt In-person Post

Delivery Address

- Remarks
- 1. I agree to make a payment of the expense after the service.
 - 2. The analysis and the scientific equipment services are under the faculty's regulations or else the agreement a case-by-case basis.
 - 3. 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 / /