

# Laboratory Equipment Requisition Order Form

Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_

Requested By: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Equipment Details

Item No.	Equipment Name	Description / Specification	Quantity	Unit	Estimated Unit Price	Total Cost	Remarks
1	Beaker 500ml	Borosilicate Glass	20	pieces	\$3.50	\$70.00	Urgent
2	Micropipette	Adjustable, 10-100 $\mu$ l	5	pieces	\$120.00	\$600.00	
3	Analytical Balance	0.1mg readability, 220g capacity	1	unit	\$850.00	\$850.00	For new lab
<b>Grand Total</b>							<b>\$1,520.00</b>

## Purpose of Request

\_\_\_\_\_  
\_\_\_\_\_

## Signatures

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please attach quotations and relevant documents when submitting this requisition form.