



Borrowing Equipment Form

Section/Department :

Faculty of Pharmaceutical Science Chulalongkorn University

Date :

Title Permission for borrow an equipment

Dear Head of Pharmaceutical Research Instrument Center

Full-name :Position / Course Program :

Major / Department : I'd like to borrow an equipment for
(Title of Research Project)

Date Borrowed :Date Returned :

* You can borrow equipment 7 days only.

List of Equipment

Number	Name of Equipment	No.Machine	No.Equipment	Amount

Phone Number Department's Phone Number

** If there is any damage resulted from the use of that equipment, I agree to compensate
all the costs incurred.

For your consideration and further implementation

Student ID card copy

Signature of BorrowerDate :

Advisor's name.....

Approved by (Special List)..... Date :

Official Staff.....Date :

User Code							
Number of Borrowing form							

Returning				
Number	Name of Equipment	No.Machine	No.Equipment	Amount

Signature of Borrower Date :

Official Staff Date :