



FORM OF PAYMENT APPROVAL

DIRECTOR

Institute of Tropical Agriculture and Food Security (ITAFoS)
 Universiti Putra Malaysia
 43400 UPM Serdang
 Selangor Darul Ehsan
(Attn. : * Mrs. Ummy / Mr. Naszroul / Mr. Kamarul / Mr. Eddy)

Tel. No. : 03-8947 1171 / 1175
 Fax No. : 03-8938 1612

Sir/Madam,

With all due respect, hereby I (*Prof. / Assoc. Prof. / Dr. _____) am ***agree / disagree** to allow my ***student / staff** under my supervision to produce and / or running and / or testing their sample(s) / experiment(s) using the equipment / services at the ***Laboratory of Sustainable Animal Production & Biodiversity / Climate-Smart Food Crop Production / Food Safety & Food Integrity** in accordance to the procedure made by the Management of ITA.

(1) SUPERVISOR DETAILS		(2) USER DETAILS	
NAME		NAME	
OFFICE NO.		HP NO.	
EMAIL		EMAIL	
LABORATORY	SERVICES / EQUIPMENT NAME	UNIT CHARGE	VOT. NO.
CALCULATION		FINAL AMOUNT	

Thanks.

Official Stamp

.....
Name :
Position :
Date :

Note :
 1. **Cancel whichever is not applicable.*
 2. *Price per unit is subject to the current Service Rate of Equipment/Test that developed by ITAFoS.*
 3. *The information provided in this form is valid until we receive a new complete form to overrule this form.*