

Service No: _____

HONG KONG BAPTIST UNIVERSITY SCIENCE FACULTY WORKSHOP

Application for Workshop Services

Faculty/ Technician Name : _____ [] Department Quota

Room No: _____ Ext.: _____ Department: _____ Date: _____

Acct. Code: _____

Authorized Acct. Signature: _____ (Head sign if > \$500 from Department Acct.)

| |
|---------------------|
| Services Required : |
| |

Expected Completion Date: _____

Job Nature: (for purpose of queuing Priority)

[] Classroom/ Lab Teaching

[] Honor / Postgraduate Project

[] Research and others

To be completed by Workshop Manager

Est Time : _____ Est Cost : _____

Signature: _____ Date: _____

Internal Use Only

Workshop Charge : _____

Material Cost

Petty cash : _____

Store : _____

Faculty : _____

Total : _____

SCIENCE FACULTY WORKSHOP

Workshop Record

Technician: _____ Processed on: _____ Consultation & Design Time : _____

Started on: _____ Finished on: _____ No. of Working Hours : _____

Remark: _____

Tools/Materials/Components provided by Workshop:

| Item | Description | Qty | Amount | Payment |
|------|-------------|-----|--------|---------|
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Total : _____

Workshop Operational Charge : _____

Total Amount : _____

To be completed by the User

I received the service provided by the Workshop

User/Receiver's Signature: _____ Date: _____