



Scientific Instrument Service Request Form

SERD.1

Scientific Equipment and Research Division
Kasetsart University Research and Development Institute

To Head of Scientific Equipment and Research Division

Name.....Family Name.....

Status KU Staffs (Lecturer/Assist./Assoc./Prof.; Student: Undergraduate/Post-graduate/Ph.D.; Researcher)
 Others.....

Address/Organization..... Faculty.....

Department/Division..... Tel..... E-mail.....

Requested Instrument(s).....

Laboratory.....

Purpose of use Thesis Special problem Research Others.....

Subject/Title.....

Application of your work Academic Public-oriented Policy Commercial Others.....

Subject/Title.....

Number of user (s).....From (Date)..... To (Date)..... (Maximum 3 months)

Official work hours From (Date)..... To (Date).....

Out of official work hours (16.30 – 20.00 pm) From (Date)..... To (Date).....

Instrument handling: by (name).....

Method of Payment

Cash Money transfer: payable to Savings Account Name “Scientific Equipment and Research Division”

Bank Name: TMBThanachart Bank (TTB) Account No. 069-2-51193-4 Kasetsart Univ. Branch

Payment Receipt: (Please indicate the details shown in the receipt)

Name:

Address:

I agree with terms and conditions and I am willing to pay the service charges for use of instruments and facilities to Scientific Equipment and Research Division according to declaration endorsed in February 26, 2020 and also the overtime wage for officers. I will be responsible for any damages occurring by me or who I assigned to work in all cases.

<i>For KU staffs/ students</i>	
<input type="checkbox"/> Approved of this request by Thesis advisor/ Head of Department/ Head of project	
Signature.....	Signature.....
(.....)	(.....)

Signature.....
(.....)
...../...../.....

For Official Use Only

<input type="checkbox"/> Assign to..... Signature	Head of SERD Division <input type="checkbox"/> Authorized Signature	Payment Signature
...../...../...../...../...../...../.....

