



# CONSUMABLE REQUEST FORM

Request No : LSU -

Department Choose an item. Date 輸入日期。

Requester Name \_\_\_\_\_ Ext \_\_\_\_\_ Sign \_\_\_\_\_

Details of Work  Safety Supply Box  PAS  Other \_\_\_\_\_

| Item | Description | Issued Date | Qty | Price (HK\$) |
|------|-------------|-------------|-----|--------------|
|      |             |             |     |              |
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|      |             |             |     |              |
|      |             |             |     |              |
|      |             |             |     |              |

Total Price\* : \_\_\_\_\_

Account No \_\_\_\_\_ Green Chop \_\_\_\_\_

Endorsed by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
(HoD/HoD delegate/Director/Director delegate) Circle to select

*{ Please return this signed form to LSU Mr. Chan Wing Lok (MMW-1434) for payment processing. }*

For LSU use only

Issued by Choose an item. Sign \_\_\_\_\_ Date \_\_\_\_\_

Checked by Mr. Terry LEUNG Sign \_\_\_\_\_ Checked date \_\_\_\_\_

Processed by Mr. CHAN Wing Lok Sign \_\_\_\_\_ Processed date \_\_\_\_\_

For FO accounting (reimbursement) use

Please credit the total price amount \* HKD \_\_\_\_\_ to OVPRT account no. **000.057.6206.159.1**

For more information, please contact Mr. Chan Wing Lok at extension 6773 or Mr. Mok Kam Tin extension 6766.

Remarks: Please submit an electronic form for **newly** installed apparatus/equipment, here is the link for your application:  
[https://docs.google.com/forms/d/e/1FAIpQLSfbkZFE-xQFU5tbVKuQ9D8bpx3579k1XBYq8uzT\\_rBrcFKT2w/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfbkZFE-xQFU5tbVKuQ9D8bpx3579k1XBYq8uzT_rBrcFKT2w/viewform)