



WORK REQUEST FORM

Request No : LSU -

Department Choose an item. Date 輸入日期。

Requester Name _____ Ext _____ Sign _____

Details of Work Lifting Appliances Pressure Vessel Fume hood PAS TLD badge

Item	Description	Completed Date	Qty	Price (HK\$)

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. **000.057.7100.159.1**

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