**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

**Akreditasi: Prodi S-1 Farmasi: A ; Prodi Profesi Apoteker: A ;**

**Prodi S-2 Farmasi: Unggul**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMOHONAN PENGADAAN BHP**

(di luar pengadaan rutin)

Kepada

Yth. Kepala Laboratorium

Fakultas Farmasi, Universitas Sanata Dharma

Kami mohon pengadaan untuk:

Kegiatan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penanggung jawab : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rincian kebutuhan :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Nama barang** | **Spesifikasi/Catalog** | **Jml.** | **Tanggal pemakaian** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Terima kasih.

Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mengetahui,

Dosen Pengampu Mata Kuliah Laboran

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Menyetujui, Catatan :

 Kepala Laboratorium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lembar 1. - Kepala Laboratorium

**LAB03-15**

**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

**Akreditasi: Prodi S-1 Farmasi: A ; Prodi Profesi Apoteker: A ;**

**Prodi S-2 Farmasi: Unggul**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERMOHONAN PENGADAAN BHP**

(di luar pengadaan rutin)

Kepada

Yth. Kepala Laboratorium

Fakultas Farmasi, Universitas Sanata Dharma

Kami mohon pengadaan untuk:

Kegiatan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penanggung jawab : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rincian kebutuhan :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Nama barang** | **Spesifikasi/Catalog** | **Jml.** | **Tanggal pemakaian** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

Terima kasih.

Yogyakarta, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mengetahui,

Dosen Pengampu Mata Kuliah Laboran

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Menyetujui, Catatan :

 Kepala Laboratorium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lembar 2. - Laboran