



LOSS / BREAKAGES ACKNOWLEDGEMENT
AND BILLING FORM

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Effective Date: September 16, 2024

I/We hereby declare that I/we shall pay the item(s) that I/we used that was determined damaged or lost, after thorough checking by the Laboratory Technician. I/We shall be responsible to settle the obligation before the end of the _____.

Student's Name / Student No: _____ Date/Time: _____

Signature over Printed Name

Course & Section: _____ Academic Year: _____

Noted by: _____

Faculty member's/Adviser's Signature over Printed Name

ITEM/S DESCRIPTION	QUANTITY	AMOUNT

Checked and Billed by: _____

Laboratory Technician's Signature Over Printed Name

Charge Number and Billing Date: _____