**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

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

**Prodi S-2 Farmasi: Unggul**

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**PERMOHONAN PEMINJAMAN PERALATAN**

Kepada

Yth. Kepala Laboratorium

Fakultas Farmasi

Universitas Sanata Dharma

Yogyakarta

Mohon dapat dilakukan peminjaman peralatan:

Nama alat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lokasi awal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lokasi tujuan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keperluan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Jangka waktu : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ s/d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penanggungjawab : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terima kasih.

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

 Pemohon,

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

Lembar 1. – Kepala Laboratorium

**LAB04-17**

**FAKULTAS FARMASI**

**UNIVERSITAS SANATA DHARMA**

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

**Prodi S-2 Farmasi: Unggul**

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

**PERMOHONAN PEMINJAMAN PERALATAN**

Kepada

Yth. Kepala Laboratorium

Fakultas Farmasi

Universitas Sanata Dharma

Yogyakarta

Mohon dapat dilakukan peminjaman peralatan:

Nama alat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lokasi awal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lokasi tujuan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Keperluan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Jangka waktu : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ s/d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penanggungjawab : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Terima kasih.

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

 Pemohon,

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

Lembar 2. – Laboran