Pre-purchase Note for FYP Reimbursement (For Non-claimable Item under 7(a))

Student Name : _____ **Contact Number** : _____

ID Number : _____ **Email** : _____

FYP Supervisor : _____ **Programme** : _____

FYP Title : _____

Please attach Application Letter with FMC Approval, except for items provided by DLMSA.

Item Name	Quantity (e.g. 500g, 2.5L, 5 units)	Sign (Student)	Sign (Lab staff)	Remark