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| Birimimizin ihtiyacı olan aşağıda/ekli listede belirtilen malzemelerin temin edilmesi hususunda gereğini arz ederim.   |  |  | | --- | --- | | **Talep Eden Birim** |  | |      |  |  |  |  | | --- | --- | --- | --- | | **S.No.** | **Malzemenin Adı Özelliği** | **Talep Miktarı** | **Açıklama** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Talep Eden Personel Birim/Atölye/Laboratuvar Sorumlusu**  Adı Soyadı : Adı Soyadı :  Unvanı : Unvanı :  İmza : İmza :  **UYGUNDUR**  **…/…/20….** |