|   Birimimizin ihtiyacı olan aşağıda/ekli listede belirtilen malzemelerin temin edilmesi hususunda gereğini arz ederim.

| **Talep Eden Birim** |  |
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| **S.No.** | **Malzemenin Adı Özelliği** | **Talep Miktarı** | **Açıklama** |
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**Talep Eden Personel Birim/Atölye/Laboratuvar Sorumlusu**Adı Soyadı : Adı Soyadı :Unvanı : Unvanı : İmza : İmza :**UYGUNDUR****…/…/20….** |
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