

**Records of machining work conducted by ME machining team for (Name of Teacher) _____
 from 1 Sept each year to 30 Aug next year based on the work completion date.**

Work Completion Date (yy/mm/dd)	Purpose* of the Work (Please tick one)					No. of Working Hours	Signature of Teacher
	FYP	MSc Project	Research	Teaching Lab	KE Project		

* Not for Outside Practice and Design Project