



<b>SERVICE REQUEST FORM</b>		For IDQ use only SR No.: IDQ-2024SR-_____	
ATD- Advanced Technology Department Electrical System Testing Services (1)		Obra No.: _____ EMED Ref. No.: EMED-WO-_____ Version: IDQ-Q-202401	
Client:		P.O. No.(If applicable):	
Address:		Tel:	
E-Mail:		Fax:	
Project name:		Contact person:	
Location:		Site contact person:	
Electrical device: <input type="checkbox"/> Switchboard (Distribution box) <input type="checkbox"/> Power cable <input type="checkbox"/> Busway <input type="checkbox"/> Others : _____			
Inspection standard: <input type="checkbox"/> GB/T 16895.23-2020 <input type="checkbox"/> IEC 60364-6:2016 <input type="checkbox"/> GB 50303-2015			
Report Title: <input type="checkbox"/> Same as 「Client」 <input type="checkbox"/> _____		Report Language: <input type="checkbox"/> CHINESE <input type="checkbox"/> ENGLISH	

Price list item no.	Test items	Unit price	Quantity	Amount
6.1.1	Insulation Resistance Test (per day)	\$5,000.00		
6.1.5	Overtime Additional Charge (1 person .hour)	\$500.00		
6.1.6	Saturday, Sunday, Public Holiday or Government Holiday Additional Charge	50% of Basic Charge		
6.1.7	Labor Holiday Additional Charge	100% of Basic Charge		
6.1.8	Attendance fee (applicable to the case which attended to the site but the conditions are not available to test)	\$500.00		
For IDQ use only		Discount :	%	
		Total :	MOP	

Remark :	NOTE : ALL SERVICES ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE PRICE LIST AND REMARKS (6.1.1).
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For IDQ use only	AD contact person: _____	<input type="checkbox"/> Cannot provide the related service
	Contact person: _____	

\*\*By signing this SRF, you are aware of and agree to comply with the conditions of service and corresponding remarks in the " IDQ Service Price List" and are bound by them.

Client's acceptance:  Signature & company stamp:  Date:	Received by:  Date:	Approved by:  Date:	Confirmed by:  Date:
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