



<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"/> Busway <input type="checkbox"/> Others : _____	
Inspection standard: <input type="checkbox"/> GB 7251.1-2013 <input type="checkbox"/> IEC 61439-1:2011 <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
6.1.2	Power-Frequency Withstand Voltage 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 (6.1.2).
----------	---

For IDQ use only	AD contact person: _____	<input type="checkbox"/> <i>Cannot provide the related service</i>
	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:
---	---------------------------	---------------------------	----------------------------