



<b>SERVICE REQUEST FORM</b>		For IDQ use only SR No.: IDQ-2024SR-_____	
ATD- Advanced Technology Department Electrical System Testing Services (3)		Obra No.: _____ EMED Ref. No.: <u>EMED-WO-</u> _____ Version: IDQ-Q-202401	
Client:		P.O. No. (If applicable):	
Address:		Tel :	
E-Mail:		Fax:	
Project name:		Contact person:	
Location:		Site contact person:	
Inspection standard: GB 50339-2013			
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
6.3.3	Testing of Closed-circuit television (CCTV) System (per day)	\$6,500.00		
6.3.9	Overtime Additional Charge (1 person .hour)	\$500.00		
6.3.10	Saturday, Sunday, Public Holiday or Government Holiday Additional Charge	50% of Basic Charge		
6.3.11	Labor Holiday Additional Charge	100% of Basic Charge		
6.3.12	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 (6.3.3).
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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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