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SERVICE REQUEST FORM ITD- Inspection and Testing Department				For IDQ use only Contract No.: IDQ-2024C Obra No.: Applicable PRICE LIST Ver.: IDQ-Q-202401			
Client:				Location:			
Project Name:				Site Contact:			
Appoint Date & Time:				Site Contact Tel.:			
Report	t Title: □Same as 「Client」 □			Report Languag	□ C je: □ E	HINESE NGLISH	
Item No.	Service Items		Unit	Unit Price (I	MOP)	Order Qty	Actual Qty
8.11	Visual Inspection & Magnetic Particle Examination & Penetrant Examination (VT+MT+LT) (per man per day)			\$5,000.00		,	
8.12	Visual Inspection & Magnetic Particle Examination & Ultrasonic Examination (VT+MT+UT) (per man per day)			\$4,900.00			
8.13	Visual Inspection & Penetrant Examination & Ultrasonic Examination (VT+LT+UT) (per man per day)			\$4,900.00			
8.14	Magnetic Particle Examination & Penetrant Examination & Ultrasonic Examination (MT+LT+UT) (per man per day)			\$5,500.00			
8.15	Visual Inspection & Magnetic Particle Examination & Penetrant Examination & Ultrasonic Examination (VT+MT+LT+UT) (per man per day)			\$5,800.00			
8.24	Site visit charge (per half-day)			\$1,000.00			
8.28	Additional charge: Extra MT Test Media			\$330.00			
8.29	Additional charge: Extra LT Test Media			\$330.00			
8.30	Additional Charge: MT with Fluorescent Test Media			H	\$500.00		
8.31	Additional Charge: LT with Fluorescent Test Media			\$500.00			
8.38	Additional charge: Service Outside Macao (per man per day)			\$1,600.00			
8.39	Additional charge: Overtime, excluding Labor Holiday (per hour)			20% of basic charge			
8.41	Additional charge: Work on Saturday, Sunday, Public Holiday, excluding Labor Holiday			50% of basic charge, min. \$2,200.00			
8.43	Half-day Service Discount (applicable to Item No. 8.1~8.16)			Deduct 159	% of basic charge		
REMA	RKS:		. <b>.</b>		3		
use only  ITD Ref. No.:  ITD-SRF-  This is		Person in ch	n in charge: Discount: $\Box$ N/A $\Box$ %				
		This Page is:					
Service	igning this SRF, you are aware of and agr e Price List" and are bound by them.						he " IDQ
Client's acceptance:  Date:		Received by:  Date:	Approved I		Received I	by:	