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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 Title: ☐Same as「Client」 ☐ _____

Report Language: ☐ CHINESE ☐ ENGLISH

Item No.	Service Items	Unit	Unit Price (MOP)	Order Qty	Actual Qty
8.18	X-ray Radiographic Examination (RT) 09:00~17:00 (Mon.-Fri. except public holiday and labor holiday) (two man per time)	Item	$10,000.00		
8.19	X-ray Radiographic Examination (RT) 17:00~24:00 (Mon.-Sun. except labor holiday) (two man per time)	Item	$16,500.00		
8.20	X-ray Radiographic Examination (RT) 00:00~09:00 (Mon.-Sun. except labor holiday) (two man per time)	Item	$20,500.00		
8.21	X-ray Radiographic Film	Film	$75.00		
8.22	X-ray Radiographic Examination Overtime Additional Charge (Max. 2Hr)	Hour	$2,500.00		
8.23	Urgent request for RT Temporary Result	Film	$100 min.charge $2,000.00		
8.24	Site visit charge (per half-day)	Item	$1,000.00		
8.25	Additional charge: Booking cancel charge (per requested)	Item	$1,000.00		
8.26	Additional charge: Service cancel upon arrival charge (per man)	Item	$2,000.00		
8.27	Additional charge: Data change charge (per requested)	Item	$1,000.00		
8.39	Additional charge: Overtime, excluding Labor Holiday (per hour)	Item	20% of basic charge		
8.40	Additional charge: Overtime, on Labor Holiday (per hour)	Item	30% of basic charge		
8.41	Additional charge: Work on Saturday, Sunday, Public Holiday, excluding Labor Holiday	Item	50% of basic charge, min. $2,200.00		
8.42	Additional charge: Work on Labor Holiday	Item	100% of basic charge, min. $4,400		

REMARKS:

For IDQ use only			
	Actual service date & time: *☐Same as appointed ☐_____*	*Person in charge:*	*Discount: ☐ N/A ☐____%*
	ITD Ref. No.: *ITD-SRF-*	*This Page is: ☐Valid ☐Cancel ☐Add (Page of)*	

****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:	*Received by:*	*Approved by:*	Received by:
Date:	*Date:*	*Date:*	Date: