



SERVICE REQUEST FORM		For IDQ use only SR No.: IDQ-2024SR-_____	
TEED–Thermal and Environmental Engineering Department Electrical System Testing Services (2)		Obra No.: _____ Version:IDQ-Q-202401	
Client:		P.O. No. (If applicable):	
Address:		Tel:	
E-Mail:		Fax:	
Project name:		Contact person:	

Price list item no.	Test items	Unit price	Quantity	Amount
6.2.1	Infrared Thermography Test (one person per day)	\$6,000.00		
6.2.2	Illuminance Measurement (one person per day)	\$3,000.00		
6.2.3.	Luminance Measurement (one person per day)	\$3,000.00		
6.2.4	Electromagnetic Field Test (one person per day)	\$3,000.00		
6.2.5	Non-office hour testing			
6.2.5.1	Mon-Thu 17:45-00:00. Fri 17:30-00:00 (Except holidays)	50% of basic charge		
6.2.5.2	Mon-Fri 00:00-09:00 (Except holidays)	100% of basic charge		
6.2.6	Saturday, Sunday, Public Holiday or Government Holiday Additional Charge			
6.2.6.1	09:00-18:00	50% of basic charge		
6.2.6.2	18:00-09:00	100% of basic charge		
6.2.7	Labor Holiday Additional Charge	100% of Basic charge		
6.2.8	Attendance fee (applicable to the case which attended to the scene 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 (6.2.1-6.2.4).
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For IDQ use only	AD contact person: Contact person:	<input type="checkbox"/> Cannot provide the related service
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**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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Analysis Request form

TEED–Thermal and Environmental Engineering Department
 Electrical System Testing Services (2)

For IDQ use only

SR No.: IDQ-2024SR-_____

Obra No.: _____

Version:IDQ-Q-202401

Remark :

****The Analysis Request form must be submitted together with the SRF. Please refer to the above table for the testing basis of test items.**

Client's acceptance:

Signature & company stamp:

Date:

Approved by:

Date: