



<b>SERVICE REQUEST FORM</b>		For IDQ use only SR No.: IDQ-2025SR-_____ Obra No.: _____ EMED Ref. No.: <u>EMED-WO-</u> _____ Version: IDQ-Q-202501	
ATD- Advanced Technology Department Electrical System Testing Services (3)			
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).		
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:	Received by:	Approved by:	Confirmed by:
Signature & company stamp:			
Date:	Date:	Date:	Date: