



SERVICE REQUEST FORM

ATD- Advanced Technology Department
Electrical System Testing Services (3)

For IDQ use only

SR No.: IDQ-2025SR-_____

Obra No.: _____

EMED Ref. No.: EMED-WO-_____

Version: IDQ-Q-202501

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
6.3.5	Testing of Television 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 (6.3.5).		
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: