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SERVICE REQUEST FORM

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

For IDQ use only
SR No.: IDQ-2026SR-_____
Obra No.: _____
EMED Ref. No.: EMED-WO-_____
Version:IDQ-Q-202601

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: ☐Same as「Client」 ☐ _____	Report Language: ☐ CHINESE ☐ 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:	☐*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: