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SERVICE REQUEST FORM

ITD– Inspection and Testing Department

For IDQ use only
Contract No.: IDQ-2026C-_____
Obra No.: _____
Applicable PRICE LIST Ver.: IDQ-Q-202601

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 Price (MOP)	Order Qty	Actual Qty	*REMARKS*
8.18	X-ray Radiographic Examination (RT) 09:00~17:00 (Mon.-Fri. except public holiday and labor holiday) (two man per time)	$10,000.00			
8.19	X-ray Radiographic Examination (RT) 17:00~24:00 (Mon.-Sun. except labor holiday) (two man per time)	$16,500.00			
8.20	X-ray Radiographic Examination (RT) 00:00~09:00 (Mon.-Sun. except labor holiday) (two man per time)	$20,500.00			
8.21	X-ray Radiographic Film	$100.00			
8.22	X-ray Radiographic Examination Overtime Additional Charge (Max. 2Hr)	$2,500.00			
8.23	Urgent request for RT Temporary Result	$100 min.charge $2,000.00			
8.24	Site visit charge (per half-day)	$1,000.00			
8.25	Additional charge: Booking cancel charge (per requested)	$1,000.00			
8.26	Additional charge: Service cancel upon arrival charge (per man)	$2,000.00			
8.27	Additional charge: Data change charge (per requested)	$1,000.00			
8.39	Additional charge: Overtime, excluding Labor Holiday (per hour)	20% of basic charge			
8.40	Additional charge: Overtime, on Labor Holiday (per hour)	30% of basic charge			
8.41	Additional charge: Work on Saturday, Sunday, Public Holiday, excluding Labor Holiday	50% of basic charge, min. $2,200.00			
8.42	Additional charge: Work on Labor Holiday	100% of basic charge, min. $4,400			

REMARKS:

For IDQ use only	*Actual service date & time: ☐Same as appointed ☐ refer to remarks*	*Person in charge:*	*Discount: ☐ N/A ☐____%*
	ITD Ref. No.: ITD-SRF-		*(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: