



APPLICATION FOR TESTING SERVICES

CUSTOMER DETAILS

Name of Applicant : _____
 Institution/Company Address : _____
 Email : _____
 Tel. No. (Office or H/P) : _____
 Fax No. : _____

PRODUCT/SAMPLE INFORMATION

Product/Sample Name : _____
 No. of Product/Sample : _____
 Description/Nature of Sample : _____
 Other product information relevant for the application (weight, volume, size, expiry date, brochure etc.) _____

Testing Requirements :

	Morphology Imaging of Solid Materials using FESEM
	Qualitative Determination of the Element from Beryllium to Uranium Periodic Table for Solid Materials (EDX)
	Raman Spectra Determination of Unknown Samples Using Confocal RAMAN Spectroscopy *(Laser: 488/532/633nm)
	Other Equipment: _____(please specify)

Test Report Requirements** : Full Report Raw Data
 Submission of test report : By hand Mail

* **Please choose ONE only**
 ** **Only hard copy will be given for full report request**

COVENANT OF APPLICANT/PAYEE/SUPERVISOR

I have read and fully understood and agreed to abide by the Terms and Conditions applied to the testing services offered.

Signature : _____
 Name : _____
 Designation/Position : _____
 Date : _____

FOR INTERNAL USE	RECEIVED DATE : _____	
TYPE OF PAYMENT	DETAILS OF CASH/CHEQUE PAYMENT	JOB NO
<input type="checkbox"/> Cash/Cheque/Bank Draft (payable to BENDAHARI UPM) <input type="checkbox"/> Purchase Order (PO) <input type="checkbox"/> Vote Transfer No. _____ Current Balance: _____	Amount (RM): _____ Receipt No: _____ Verified by: _____ Name: _____ Date: _____	

CHECKLIST FOR TESTING APPLICATION

APPLICABLE FOR TESTING SECTIONS

- | | | | |
|---|---|---|--|
| 1 | Sample
Remarks: | <input type="checkbox"/> Adequate | <input type="checkbox"/> Not adequate |
| 2 | Condition of sample
Remarks: | <input type="checkbox"/> Acceptable | <input type="checkbox"/> Not acceptable |
| 3 | Method specified in application form can be followed
Remarks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Equipment if not available, any equivalent method
Remarks: | <input type="checkbox"/> Available | <input type="checkbox"/> Not available |
| 5 | Availability of competent personnel to carry out test
Remarks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 | Others/Subcontract*: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 | Proceed to conducting testing | <input type="checkbox"/> If yes,
<input type="checkbox"/> Inform customer
<input type="checkbox"/> Others :
Remarks: | <input type="checkbox"/> If no,
<input type="checkbox"/> Inform customer
<input type="checkbox"/> Return sample
<input type="checkbox"/> Others :
Remarks: |
| 8 | Sample collection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Reviewed by:

.....
(Technical Staff/Science officer)

Date:

APPENDIX

LIST OF SAMPLES

No	Sample Name	Sample ID (office use only)	EDX (Please tick <input type="checkbox"/> if Yes)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Remark:

Please specify other related requirement/parameter/specification etc. below:



**SOKONGAN
KEWANGAN**

PEJABAT BENDAHARI

Kod Dokumen: SOK/KEW/BR045/AKN

**ARAHAN PENGELUARAN INBOIS/PELARASAN ANTARA PTJ (BAGI PERMOHONAN PERKHIDMATAN/BEKALAN SECARA
MANUAL)**

KEPADA : _____

NO SIRI: _____

DARIPADA : INSTITUT TEKNOLOGI MAJU (ITMA) _____

BIL	TARIKH	PTJ MEMBERI PERKHIDMATAN	KOD PTJ	KETERANGAN BIL	AMAUN (RM)	PENERIMA PERKHIDMATAN/BARANG (NAMA, ALAMAT & NO. TEL)
1.		ITMA	13501	PAYMENT FOR SAMPLE TESTING AT ITMA. DETAILS ARE AS FOLLOWS : EQUIPMENT : NO. OF SAMPLE (S) : CHARGE FEE : REMARKS :		
				JUMLAH (RM)		VOT :

SILA PASTIKAN SEMUA MAKLUMAT PENERIMA PERKHIDMATAN/BARANG DIPEROLEHI DENGAN DOKUMEN SOKONGAN.

SILA PASTIKAN MAKLUMAT PADA BORANG INI DIISI DENGAN LENGKAP.

<p>PTJ YANG MEMBERI PERKHIDMATAN :-</p> <p>NAMA : _____</p> <p>TANDATANGAN : _____</p> <p>TARIKH: _____</p> <p>PTJ: <u>ITMA</u></p> <p>NO.SAMB : _____</p> <p>VOT PERUNTUKKAN : <u>62198</u></p>	<p>PTJ YANG MENERIMA PERKHIDMATAN :-</p> <p>NAMA PENERIMA : _____</p> <p>JAWATAN : _____</p> <p>PTJ : _____</p> <p>TARIKH : _____</p> <p>TANDATANGAN : _____</p>	<p><u>PENGESAHAN TERIMAAN DAN PERAKUAN PEMBAYARAN</u></p> <p>Disahkan bekalan/perkhidmatan /kerja telah diterima/dilaksanakan dengan baik dan diperakui untuk dibayar</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Tandatangan Pegawai & Cop</p> <p>Tarikh : _____</p> <p>Vot Peruntukkan : _____</p>
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NO. SEMAKAN : 01
NO. ISU : 02
TARIKH KUATKUASA : 15/09/2015