



## 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

TYPE OF PAYMENT	RECEIVED DATE : _____	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: _____ <b>Verified by:</b> _____ Name: _____ Date: _____	

# CHECKLIST FOR TESTING APPLICATION

## APPLICABLE FOR TESTING SECTIONS

- |   |   |   |  |
|---|---|---|--|
| 1 | Sample<br>Remarks:  | <input type="checkbox"/> Adequate   | <input type="checkbox"/> Not adequate  |
| 2 | Condition of sample<br>Remarks:                                   | <input type="checkbox"/> Acceptable   | <input type="checkbox"/> Not acceptable  |
| 3 | Method specified in application form can be followed<br>Remarks:  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| 4 | Equipment if not available, any equivalent method<br>Remarks:     | <input type="checkbox"/> Available  | <input type="checkbox"/> Not available   |
| 5 | Availability of competent personnel to carry out test<br>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,<br><input type="checkbox"/> Inform customer<br><input type="checkbox"/> Others :<br>Remarks: | <input type="checkbox"/> If no,<br><input type="checkbox"/> Inform customer<br><input type="checkbox"/> Return sample<br><input type="checkbox"/> Others :<br>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 BURSAR**  
**Kod Dokumen: SOK/KEW/BR045/HSL**

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

KEPADA : \_\_\_\_\_  
DARIPADA : INSTITUT TEKNOLOGI MAJU, UPM

NO SIRI: \_\_\_\_\_

**(Kod PTJ/Jabatan/Tahun/Bulan/Bil.)**

NO. MINIT JKTK: \_\_\_\_\_

BIL.	TARIKH	PTJ MEMBERI KOD PERKHIDMATAN(	KOD PTJ	KETERANGAN BIL	AMAUN (RM)	PTJ PENERIMA PERKHIDMATAN/BEKALAN (NAMA, ALAMAT & NO. TEL)
		ITMA	13501	Sample testing services at Institute of Advanced Technology (ITMA), UPM. Details are as follows :  Equipment : Total no. of samples : Charge fee :  Remarks :		
<b>JUMLAH (RM)</b>						Vot no. :

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

\*\*SILA PASTIKAN MAKLUMAT PADA BORANG INI DIISI DENGAN LENGKAP DAN DIHANTAR KE BPOB/SEKSYEN KEWANGAN PEMBAYARAN DALAM TEMPOH 5 HARI SELEPAS PERKHIDMATAN/BEKALAN DISEMPURNAKAN

<p><b><u>PTJ YANG MEMBERI PERKHIDMATAN :-</u></b></p> <p>NAMA : _____</p> <p>TANDATANGAN : _____</p> <p>TARIKH: _____</p> <p>PTJ: _____</p> <p>NO.SAMB : _____</p> <p>VOT PERUNTUKKAN : 62198</p>	<p><b><u>PTJ YANG MENERIMA PERKHIDMATAN :-</u></b></p> <p>NAMA PENERIMA : _____</p> <p>JAWATAN : _____</p> <p>PTJ : _____</p> <p>TARIKH : _____</p> <p>TANDATANGAN : _____</p>	<p><b><u>PENGESAHAN TERIMAAN DAN PERAKUAN PEMBAYARAN</u></b></p> <p>Disahkan bekalan/perkhidmatan/kerja telah diterima/dilaksanakan dengan baik dan diperakui untuk dibayar</p> <p>_____</p> <p style="text-align: center;">Tandatangan Pegawai &amp; Cop</p> <p>Tarikh : _____</p> <p>Vot Peruntukkan :</p>
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NO. SEMAKAN : 01  
NO. ISU : 02  
TARIKH KUATKUASA : 29/06/2018