

	<b>CHARACTERIZATION LABORATORY</b> INSTITUTE OF ADVANCED TECHNOLOGY	<b>UPM/ITMA/ F3</b>
	<b>APPLICATION FOR TESTING SERVICES FORM</b>	Revision No. : 0 Issue No. : 1 Effective Date : 03/09/2019

**CUSTOMER DETAILS**

Name of Applicant : \_\_\_\_\_

Institution/Company Address : \_\_\_\_\_

Email : \_\_\_\_\_

Tel. No. (Office) : \_\_\_\_\_

Tel. No. (H/P) : \_\_\_\_\_

**PRODUCT/SAMPLE INFORMATION**

Product/Sample Name : \_\_\_\_\_

No. of Product/Sample : \_\_\_\_\_

Description/Nature of Sample. Please describe product/sample information. (e.g: weight, volume, size, expiry date, brochure etc.) : \_\_\_\_\_

Testing Requirements : 

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

**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**

<b>DATE RECEIVED :</b> _____	
<b>TIME RECEIVED :</b> _____	
TYPE OF PAYMENT	JOB NO
<input type="checkbox"/> Cash/Cheque/Bank Draft (payable to BENDAHARI UPM)	_____ / ____ / _____
<input type="checkbox"/> Purchase Order (PO) PO No.: _____	
<input type="checkbox"/> Vote Transfer No. : _____ Current Balance: _____	

# 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                                     | If yes,<br><input type="checkbox"/> Inform customer<br><input type="checkbox"/> Others : | If no,<br><input type="checkbox"/> Inform customer<br><input type="checkbox"/> Return sample<br>Others : |
| 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)	Remarks	
			With EDX	EDX Only
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 : \_\_\_\_\_

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)
				<b>JUMLAH (RM)</b>		

\*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 : _____</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>
---	--	--

NO. SEMAKAN : 01  
NO. ISU : 02  
TARIKH KUATKUASA : 29/06/2018