

	CHARACTERIZATION LABORATORY INSTITUTE OF ADVANCED TECHNOLOGY	UPM/ITMA/ F3
	APPLICATION FOR TESTING SERVICES FORM	Revision No. : 0 Issue No. : 2 Effective Date : 14/01/2020

A. CUSTOMER DETAILS

Name of Applicant : _____
 Institution/Company Address : _____

 Email : _____
 Tel. No. : _____

B. 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)

Others Equipment (please select)

<input type="checkbox"/> Surface Area Analyzer (BET)	<input type="checkbox"/> Universal Testing Machine	<input type="checkbox"/> Vector Network Analyzer (VNA)
<input type="checkbox"/> FTIR	<input type="checkbox"/> Impedance Analyzer	<input type="checkbox"/> Sputter Coater
<input type="checkbox"/> TGA / DSC	<input type="checkbox"/> Hysteresis	<input type="checkbox"/> Inkjet Printer
<input type="checkbox"/> UV/Vis Spectrophotometer	<input type="checkbox"/> Rheometer	<input type="checkbox"/> Multimode Reader
<input type="checkbox"/> Nano Sizer / DLS	<input type="checkbox"/> GC-FID	<input type="checkbox"/> Furnace
<input type="checkbox"/> X-ray Diffractometer (XRD)	<input type="checkbox"/> GC-TCD	<input type="checkbox"/> Ball Milling

C. 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**

DATE OF APPLICATION RECEIVED : _____ / _____ / _____

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

E. CHECKLIST FOR TESTING APPLICATION (applicable for testing sections)

	Yes	No	Remarks
1. Sample (adequate)	<input type="checkbox"/>	<input type="checkbox"/>	weight, volume, size, expiry date, etc
2. Condition of sample (acceptable)	<input type="checkbox"/>	<input type="checkbox"/>	liquid / solid / gas / wet / dry
3. Appropriate method	<input type="checkbox"/>	<input type="checkbox"/>	
4. Any equivalent method	<input type="checkbox"/>	<input type="checkbox"/>	
5. Competence personnel	<input type="checkbox"/>	<input type="checkbox"/>	
6. Others / Subcontract	<input type="checkbox"/>	<input type="checkbox"/>	
7. Proceed for conducting testing	<input type="checkbox"/>	<input type="checkbox"/>	Inform customer Return sample Others
8. Sample collection by customer	<input type="checkbox"/>	<input type="checkbox"/>	
9. Toxicity / Hazardous	<input type="checkbox"/>	<input type="checkbox"/>	Biohazard / carcinogen / radioactive / etc
10. Reporting requirement / results	<input type="checkbox"/>	<input type="checkbox"/>	Raw Data or Test report
11. Date of item received	: _____		
12. Expected time of completion (agreed)	: _____		

F. OTHERS

Is the sample deviated from the specified condition in Section B ?

Yes (Please specify) No

Request of conformity to a specification or standard ?

Yes No

Detail of specification or standard required (provided by customer) :

Proceed testing Yes No / Reject

Reason for rejection :

Reviewed by:

(Technical Staff / Science Officer)

Name :

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				

***Note: FESEM application is limited to 12 samples/form ONLY. If you have more, please fill up other form.**

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 (ITMA) _____

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)
			13501	Payment for sample testing at ITMA, UPM. Details are as follows: Equipment: No of samples/hours: Charge fee:		
				JUMLAH (RM)		

*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><u>PTJ YANG MEMBERI PERKHIDMATAN :-</u></p> <p>NAMA : _____</p> <p>TANDATANGAN : _____</p> <p>TARIKH: _____</p> <p>PTJ: _____</p> <p>NO.SAMB : _____</p> <p>VOT PERUNTUKKAN : 62198</p>	<p><u>PTJ YANG MENERIMA PERKHIDMATAN :-</u></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>_____</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 : 29/06/2018