	INSTITUTE OF ADVANCED TECHNOLOGY	UPM/ITMA/ **F3**
	APPLICATION FOR TESTING SERVICES FORM	Revision No. : 1 Issue No. : 1 Effective Date : 30/4/2021

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)

☐ Surface Area Analyzer (BET)	☐ Universal Testing Machine	☐ Vector Network Analyzer (VNA)
☐ FTIR	☐ 4 Point Probe	☐ Sputter Coater
☐ TGA / DSC	☐ Hysteresis	☐ Inkjet Printer
☐ UV/Vis Spectrophotometer	☐ Rheometer	☐ Multimode Reader
☐ Nano Sizer / DLS	☐ GC-FID	☐ Furnace
☐ X-ray Diffractometer (XRD)	☐ GC-TCD	☐ 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.
☐ Cash / Cheque / Bank Draft (payable to BENDAHARI)	☐ Vote Transfer No.: _____ Current Balance : _____	_____ / _____ / _____
☐ Purchase Order (PO) PO No.: _____		

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

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

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				

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: Remark:		Vot. No:
				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

PTJ YANG MEMBERI PERKHIDMATAN :-

NAMA : _____

TANDATANGAN : _____

TARIKH: _____

PTJ: _____

NO.SAMB : _____

VOT PERUNTUKAN : 62198

PTJ YANG MENERIMA PERKHIDMATAN :-

NAMA PENERIMA : _____

JAWATAN : _____

PTJ : _____

TARIKH : _____

TANDATANGAN : _____

PENGESAHAN TERIMAAN DAN PERAKUAN PEMBAYARAN

Disahkan bekalan/perkhidmatan/kerja telah diterima/dilaksanakan dengan baik dan diperakui untuk dibayar

_____

Tandatangan Pegawai & Cop

Tarikh : _____

Vot Peruntukan :

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