



The Center for Scientific and Technological Equipment,
Suranaree University of Technology

111 University Avenue, Suranaree Sub-district, Mueang District, Nakhon Ratchasima 30000 Tel. (044) 223313-4 Fax. (044) 223260

(Authorized person only)

Requested No. /

Date.....

Time.....

Sample Receiver.....

Request Form for Construction Materials Testing

Part 1 (For customer)

1. Name..... Job position..... Contact address.....
House No..... Moo..... Road..... Sub-district/Khwaeng..... District/Khet..... Province.....
Postal Code..... Tel..... Fax..... E-mail.....

2. Request for: Construction materials testing Use of scientific instrument (Please specify the instrument name).....
 Other services (please specify).....

3. Type of customer: from SUT internal division from other organizations
 Teaching/Project Subject..... Subject code..... Government sector (with certified letter from superior)
 Thesis Subject code..... Thesis entitled University in collaboration with SUT (with certified letter from superior)
 Research entitled..... Private company General people
 Others (please specify)..... Other (please specify).....

4. Customer's name and address to be specified on receipt: in accordance with name and address in Item 1 Other (please specify).....

5. Customer's name and address to be specified on service report (In the case customer requests for English version, please fill in using English language): in accordance with name and address in Item 1 Other (please specify).....

6. Specimen details and service/instrument requested for use (please fill in the form in Item 6 on the next page)

6.1 Quantity of specimen (s)..... Request for retrieval of specimen container: No Yes (within 30 days after specimen (s) is delivered)

6.2 Storage condition : Room temperature Chilled Frozen **6.6 Result Shipment:** Self-receiving via post (please send the result to

6.3 Retrieval of specimen (s): No Yes (within 10 days after reported date) **6.7 Payment method:** By cash Money transfer (with slip)
 Cheque (with evidence)

6.4 Request to be presented on service date: Yes No **6.8 Other requests (please specify).....**

6.5 Request for Decision criteria : No Yes, specific criteria Laboratory criteria

6.9 Request for Uncertainty report: Yes No

6.10 (For customer from SUT internal division) I hereby agree to submit for payment of service used at CSTE within (Date/Month/Year) and declare the service cost to be responsible by..... In the case there is late payment from the abovementioned date, I authorize SUT to deduct my salary or other income related to SUT employment for the service cost.

6.11 I hereby agree to abide by the terms and conditions contained in this document.

Customer's signature..... Superior's signature..... (for customer from SUT internal division only)
(.....)
...../...../.....

Part 2 (For authorized person) Review of service request

1. Service/Service method/Instrument used.....

2. Service cost:
2.1 Service cost ratio: 1 2 3 4 5 6 **2.2 Total expenses**..... THB

2.3 Additional cost (If any, please specify):.....

2.4 Actual cost:..... THB (.....)

3. Issues gained from the meeting/problem consultation with customer.....

4. Major change incurred from the review (if any).....

5. Approval of request: Not approve and reject specimen Approve and will confer result on.....

6. In the case there is amendment to the request, CSTE has already informed customer in writing on

In the case there is additional request after the service, CSTE is under a process of fulfilling the request (please specify).....

CSTE has finished reviewing the request, approved it, and informed related person upon this approval.

Reviewed by..... Reviewer Signature of specimen receiver..... at a.m. / p.m.
(.....)
...../...../.....

Remarks: In the case customer requests for result in English version or Uncertainty value, additional cost is required.

