

REQUEST FORM

A. CUSTOMER INFORMATION

Student/Client Name:		ID No. :
Supervisor Name:		
Faculty/Company/Institution Name:	Address:	
Contact No.:		
Email:		
Automotive Centre Fellowship Status: <input type="checkbox"/> Fellow <input type="checkbox"/> Non-Fellow		

B. SERVICE INFORMATION

Service Type: <input type="checkbox"/> Testing <input type="checkbox"/> Consultation <input type="checkbox"/> Rental <input type="checkbox"/> Training	No. of Sample / Testing:
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No.	Sample Description / Test Method	Equipment

***Note: All samples that have been sent must be taken back by the student/client within 2 weeks after service completion otherwise samples will be disposed.**

Client
(sign & official stamp)

Engineer / Technical / Lab Analyst
(sign & official stamp)

(For Centre use only)

Date Received:	Remark:
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UMPSA GRANT : SERVICE AGREEMENT FORM

Grant No. / Code:	
Supervisor / Grant Owner Name:	
Student / Staff Name:	ID No.:

I hereby declare that I agree with the technical service's price quoted by Centre for Automotive Engineering (Automotive Centre) and would like to carry out a technical service provided by Automotive Centre. I also agree that Automotive Centre will not be responsible for any services that I provide to the third parties based on the technical results that I obtained from Automotive Centre. Details of the technical service as follow;

TECHNICAL SERVICE TYPE / DESCRIPTION	QUANTITY	UNIT PRICE (RM)	TOTAL PRICE (RM)
		Sub Total (RM)	
		Discount (RM)	
		GRAND TOTAL (RM)	

SUPERVISOR / GRANT OWNER <i>(sign & official stamp)</i>	TECHNICAL / LAB ANALYST <i>(sign & official stamp)</i>	HEAD OF DEPARTMENT <i>(sign & official stamp)</i>
DATE	DATE	DATE