



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

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(Authorized person only)

Requested No. /

Date.....

Time.....

Sample Receiver.....

Request Form for Construction Materials Testing

Part 1 (For customer)

1. Name,.....Tel..... E-mail.....
Contact address.....House No.....Moo.....Soi.....Road.....
Subdistrict/Khwaeng.....District/Khet.....Province.....Postal Code.....
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.....
☐ Thesis Subject code.....Thesis entitled
☐ Research entitled.....
☐ Others (please specify).....
☐ Government sector (with certified letter from superior)
☐ University in collaboration with SUT (with certified letter from superior)
☐ Private company ☐ General people
☐ 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).....
(Client.....Project.....)
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
- 6.3 Retrieval of specimen (s): ☐ No ☐ Yes (within 10 days after reported date)
- 6.4 Request to be presented on service date: ☐ Yes ☐ No
- 6.5 Request for Decision criteria : ☐ No ☐ Yes, specific criteria ☐ Laboratory criteria
- 6.6 Result Shipment: ☐ Self-receiving ☐ via post (please send the result to)
- 6.7 Payment method: ☐ By cash ☐ Money transfer (with slip)
☐ Cheque (with evidence)
- 6.8 Other requests (please specify).....
- 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.
(.....)
...../...../.....

Specimen Submission Form (For Concrete Specimen Testing)

[illegible]

Specimen Submission Form (For Reinforced Steel Bar Testing)

Request No. :	Date :/...../..... Sample No. :
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6. Sample Detail

[illegible]

<p>Customer's signature</p> <p>.....</p> <p>(.....)</p> <p>...../...../.....</p>	<p>Signature of Sample Recipient</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> </div> <div style="width: 45%;"> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> </div> </div> <p>.....</p> <p>...../...../.....</p>
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Section 3 (For Authorities)

1. Head of Department's Comment	2. Approval Consideration
<input type="checkbox"/> Approved <input type="checkbox"/> Others.....	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Because of.....
..... (.....) (.....)
...../...../...../...../.....