PHILIPPINE TEXTILE RESEARCH INSTITUTE
Testing Laboratory
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http://www.ptri.dost.gov.ph

TEST REQUEST

SECTION 1 *(To be filled-up by client)*

Date: _____

Company: _____

Requesting Official/Person: _____ Designation: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Submitted by: _____

Mode of Releasing of Test Report: *( ) Fax Transmittal ( ) Pick-up*

Purpose: *( ) Quality evaluation ( ) RA 9242 certification ( ) Specification conformity evaluation ( ) Others* _____

Other Request: *( ) Retained sample ( ) Tested specimens ( ) Additional TR copy* _____

Sample Description: _____

SECTION 2 *(To be filled-up by Receiving Officer)*

No./Type of Sample:

_____ fibers _____ garments
_____ yarns _____ carpets
_____ fabrics others, specify _____

Reference No: CN
PTRI SN _____
Client's due date: _____

TEST REQUEST	QTY	UNIT FEE	TOTAL FEE

TOTAL FEE: _____

Received by: _____ Reviewed by: _____ Date: _____

Mode of charging: ( ) Cash ( ) Manager's check ( ) Charge to deposit (MOA)
Billed by: _____ OP #: _____ Date: _____
Payment Received by: _____ OR #: _____ Date: _____
In case of Additional Charges: **Additional fee:** _____
Billed by: _____ OP #: _____ Date: _____
Payment received by: _____ OR #: _____ Date: _____

Client's Signature: _____