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|  | **財團**  **法人** | | 中國紡織工業研究中心 | | | | | | | | | | | | | | | |
|  |  | | CHINA TEXTILE INSTITUTE | | | | | | | | | | | | | | | |
| **委 託 試 驗 申 請 書TESTING APPLICATION FORM** | | | | | | | | | | | | | | | | | | |
| 報告：中文全銜 | |  | | | | | | | | | | | | | | | | |
| 抬頭  英文全銜  Name of Applicant  (需英文報告者請填寫) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 報告地址Address | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 委託者公司行號：  Client | | [$OVC\_PUR\_NSECTION$] | | | | | | | 郵寄地址：  Address to Post | | | | 110  台北市博愛路172-1號\_\_\_\_\_\_\_ | | | | | |
| 聯 絡 人：  Person to Contact | | [$DO\_NAME$] | | | | | | 電話：  Tel. | ( 02)    2382-6563~4 | | | | 分機[$PHONE$]  Ext. | | 傳真：  Fax. | | | (02 )  23826444 |
| 發票統編：□□□□□□□□ | | | | | | | | | 手機： | | | | | | | | | |
| E-Mail: \_\_\_\_\_\_\_\_\_contract@pb.gov.tw\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| 試驗報告：[$CHK1$]中文  [$CHK2$]英文 [$CHK3$]加正本 [$ORG$]  份 [$CHK4$]加副本[$COPY$]  份 [$CHK5$]退樣 | | | | | | | | | | | | | | | | | | |
| Test Report   [$CHK1$]Chinese[$CHK2$]English[$CHK3$][$ORG$]    Extra Original[$CHK4$][$COPY$]     Extra Copies[$CHK5$]Return Remained Sample | | | | | | | | | | | | | | | | | | |
| 樣品名稱與規格 Sample Description | | | | | |  | 數量(件)  Number of Sample Submitted | | | |  | 試驗項目及試驗方法  Testing Items & Methods | | | | | | |
| [$Inspected\_Stuff$]   [$Inspected\_Stuff\_Eng$] | | | | | |  | [$Quality$] | | | |  |  | | | | | | |
| □普通件Regular(7 Working days)               □急件Express(4 Working days, 40% Surcharge) | | | | | | | | | | | | | | | | | | |
| □特急件Urgent(2 Working days, 80%Surcharge)   □一天件Shuttle(1 Working day, 150% Surcharge) | | | | | | | | | | | | | | | | | | |
| 抗菌,防黴,防蟎,消臭,重金屬,血液病毒滲漏等測試項目工作天數另計 | | | | | | | | | | | | | | | | | | |
| 送件者(或委託者)請簽名或蓋章(Signature of Applicant or Company Chop)：**一式三份** | | | | | | 報告需加註資料填寫欄  (Remark in the Report)： | | | | | | | | | | 收件確認  (for Office Use Only)： | | |
| ◎如不克前來本中心辦理委託者，試樣請寄(If Unable to Deliver in Person , Please Post Sample & Application Form to CTI)：     236台北縣土城市承天路六號大仁館七樓 試驗評估部 櫃檯收  Department of Testing and Evaluation   No.6, Chen-Tian Road, Tu-Chen City Taipei Hsien, Taiwan, 236 R.O.C.     Tel：886-2-22670321Ext707、710     Fax：886-2-2267-5108     http：// test.cti.org.tw /部門介紹/委託試驗(委託試驗價目表及申請書) | | | | | | | | | | | | | | | | | | |
| 申請日期：[$TODAY$]  Date of Application | | | | | | 報告編號:  Report No.: | | | | | | | | 電腦代號：□□□□□  Code： | | | | |
| Kj01 | | | | | | | | | | | | | | | | | | |
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