**Synchrotron Services Form
Synchrotron Light Research Institute (Public Organization)**

111 University Avenue, Muang District, NakhonRatchasima 30000Tel. (+66) 44 217040 Fax. (+66)44 217047

**Confidential document**

Received No. RQ
Received date

Receiver

□Original

□Copy 1

□Copy 2

**Access to the service**

1

**Types of services**

□Sample analysis

□ Equipment

□Total Solution

□Technical and engineering
support

□Consultants

□Other (Please specify)

**Industry Category(If any)**

□Food, Drug and Cosmetic

□Polymer/Rubber

□ Materials

□Electronics

□Metal

□Microparts

□Other (Please specify)

**1. Name of Customer** (□Mr./□Mrs./□Ms./ Others)

Position Telephone

Mobile phone E-mail

Address

Name of Head Project/Advisor □Same as 1.

 **2.**Quotation, Billing Note/**Invoiceand Receipt**

Customer name (□Personal /□Institute /□Company)

Taxpayer Identification Number□-□□□□-□□□□□- □□- □

□Headquarters□Branch (Please specify)

Address

TelephoneFax

 **3. Name and Address for Document Delivery**□ (Similar to Address No.1) □ (Similar to Address No.2)

□Name and Address

 **4.Name of Research Project**

 **5.Synchrotron technique/Service requirements**

 **6.Quantity** Sample(s)

 **7. Duration of service**day(s)

 **8. Access of service**□Sample sending to institute □Self-service(Lists of users)

8.1 Name - Surname ID No

 Position Telephone

 E-mail

8.2Name - Surname ID No

 Position Telephone

 E-mail

8.3 Name - Surname ID No

 Position Telephone

 E-mail

 **If there are more than 3 users, please kindly contact our staff.**

**9. Analysis sample** □Analysis allow to destroy sample □Analysisdo not allow to destroy sample □After analysis do not need sample back□ After analysis need sample back

**10. Storage instruction**□Room Temperature□In refrigerator□Freeze□Other

**11. Analytical results with report**

11.1 □ No (Only analytical results)

11.2 □Yes

□Reportwritten in○Thai○English (Service fee 1,000 Baht/report)

**12. ReportReceiving**(Only sending sample to instutute)

□Collection□By mail (According to No.3) □E-mail (According to No.1)□E-mail (Please speficy)

**13. SLRI will keep user’s data in our data storage facility for 3 months before being deleted. If longer period is required, please specify: ……. months**

**14. Request details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Sample Names | Form (solid/liquid/gas) | Amount or quantity/Unit | Technique1 / Instrument /Beamline | Objectives2 | Hazardous properties3 |
|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**1Technical services**:TR-XAS, XAS, SAXS, WAXS, PEEM, LEEM, XPS, Micro-XRF, DXL, PX, FTIR spectroscopy, FTIR-Micro spectroscopy, FT-Raman, Dispersive Raman, SEM, etc.

**2Objectives may include**: elemental analyses, oxidation states, nearest-neighbor atoms, chemical bondings, nanostructure, functional groups, micrographs of samples, etc.

**3Hazardous properties**: toxic, corrosive, flammable, combustible, biohazardous, radioactive, etc.

**15. Reasons for service request(Please provide details below, or in attachments)**

□Research and developments□Fault finding□Technical and engineering supports□Others

Please specify

**Terms and conditions:** Before receiving services, users must sign to acknowledge the readiness of SLRI’s equipment in a separated form. Users may use SLRI equipment with great care and make sure that they are in proper condition when the services have finished. In the case of equipment damages which occur during the user’s operations, SLRI may ask users to (1) fix the problems and return the working equipment to SLRI in the same condition as before the service has begun, or (2) be fully or partially responsible for the cost which may occur for the process of equipment repairs.

**Service cancelation or postponement**: SLRI must be informed at least 3 working days before the service date. Otherwise SLRI have the right to cancel the services.

**16. Payment Terms**

☐Full payment at service period.

☐Full payment after users have received the results. Please Note: SLRI will send the reports once full payment has been received.

☐Payment following conditions under provided quotations or contracts

 **Payment options:**

 1) Pay by cash at Finance and Accounting Division

2) Pay by crossed cheque with A/C PAYEE ONLY payable to “Synchrotron Light Research Institute (Public Organization)”

3)Pay by money transfer to account “Synchrotron Light Research Institute (Public Organization)”, Krungthai Bank Public Company Limited, Suranee University of
Technology Branch, Saving Account No. 670-4-74126-7, Swift code: KRTHTHBK.  Bank charge will be responsible by payer. Please send a payment slip to
 fa\_div@slri.or.th.

**Notes:1)**SLRI is not under the Corporate Income Tax, please do not deduct any withholding tax.

 **2)**For overdue invoice, interest at 1.50% per month will be charged.

(…………………………………………..………….)

**Customer’s Signature**