



Inspection and Measurement Model at the Center – Advanced Design and Measurement Procedures / Advanced Design and Manufacturing Center	QF 0004/35- 1.0
---	-----------------

Number

date

### Requesting party information

Party		Department		
Phone		address		
Application submission date		Request type	<input type="checkbox"/> urgent	<input type="checkbox"/> normal

### Measurement cost

No	Device Type	Unit	number	Cost of measurement	Total costs	comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

### Cost calculation by percentage

Party (Internal/External)	University ratio	Cost	Percentage of person responsible for the activity	Cost
Side (Internal)	%70		%30	
Side (External)	%50		%50	

applicant		Signature and date	
-----------	--	-----------------------	--



Inspection and Measurement Model at the Center – Advanced Design and Measurement Procedures / Advanced Design and Manufacturing Center	QF 0004/35- 1.0
---	-----------------

**Opinion of the head of the department Advanced measurement and design**

Head of the department		Signature and date	

**Nomination of Director of Advanced Design and Manufacturing Center**

Director of Advanced Design and Manufacturing Center		Signature and date	

**University President's Decision**

<input type="checkbox"/> OK			
<input type="checkbox"/> Disagree according to my :observations			
University President		Signature and date	

:A copy for each of

- Director of Advanced Design and  
Manufacturing Center
- CFO