

NATIONAL INSTITUTE OF TECHNOLOGY CALICUT
Department of Mechanical Engineering
Metrology Laboratory

Format for payment of testing charges	
Testing requested by: (Name and address of person / organization) Attach letter if available	
Nature and amount of testing to be done: (Type of test, number of specimens, etc)	
Details of report required:	
Signature of person requesting:	Date:

Equipment to be used:	
Estimated time (person hours):	
Consumables required and cost:	
Any other expenditure and cost:	
Total amount to be charged:	
Estimated by: (Name and sign)	
Approved by: Faculty In charge of Lab / HoD	Date:
Request to Accounts section: Kindly collect the above mentioned amount plus Goods & Service Tax and credit to Head of account MED - R&D Suspense	

Payment made vide:	
Actual time incurred:	
Consumables spent:	
Other expenditure incurred:	
Person carrying out test:	Date: