Appendix I

**MCUT Center of Plasma and Thin Film Technology
Instrumental Service Application Form**

Application Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yyyy/mm/dd)

Insdtrumental service to be applied：

Unit：

VAT/ID no.：

Applicant name/E-MAIL/phone no.：

Supervisor name/E-MAIL/phone no.：

Contact address：

|  |
| --- |
| Summary of test conducted |
| Operator | Test date | hours | Subtotal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total：  |

CPTFT Lab host Handler

Head： Prof.：

Payment：

□Cash：(Office of General Affairs cashier)

□Cheque (Recipient: Ming Chi University of Technology)

□Wire Transfer：Please add the name of applicant and instrument at the remark. Account:
Hua nan Bank Taishan Branch

 193200017296

Ming Chi University of Technology

 Please notice us once the transfer has been made.

\*Receipt will be sent once the payment has been confirmed\*