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| Contract Review | <p>This form should accompany instrument/s sent in for calibration. Failure to submit may result in delays and jeopardise your measurement requirements. Email to tsadmin@technologiesolutions.co.za</p> |
|------------------------|---|

Client:

Quotation No:

Address:

| Description | Manufacturer | Model Number | Serial Number | Calibration Interval (months) | Adjustment Required (Yes / No) | Accessories |
|-------------|--------------|--------------|---------------|-------------------------------|--------------------------------|-------------|
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Certificate made out to: (if different to your company name)

Address: (if different to your company address)

Specific Measurement points required:

Your Contact Details:

Name:

Phone:

Email Calibration certificate to:

Email accounts:

Order No:

Date: