

Date	Amount Paid	Ref. No.
		Receipt No.

LAB 01

For office use only

ASSISTANT COMMISSIONER OF LOCAL GOVERNMENT OFFICE – GALLE

S. H. Dahanayaka Mawatha, Galle. Tel. No. – 0912226718 E-mail – galleaclg@gmail.com

Application for Submission of Samples to the Material Testing Laboratory

Details of the Samples

1. Name and Address of the Institution:-

2. Name of the Project :-

3. Location of the Samples taken :-

4. Sample Type :- Test Cube Interlock

5. Number of Samples:-

6. Date of Casting: -/...../20..... Date of Testing: -/...../20.....

7. Age of the Samples (Days):- 3 7 14 21 28

8. Sample Grade: - 20 25 30 Other

(Rs. 700/- will be charged per sample and to be paid by cash only)

Details of the Responsible Officer for the Samples Delivery

Name :-

Designation :-

Contact Number :-

We are sending here with the samples referred in this application with relevant fees by cash. Please be kind enough to send the Compressive Strength of Concrete (BS-1881: Part 1993) reports to our institute.

Signature of Head of the Institution

Date

Official Seal