

**MINDANAO INTERNATIONAL CONTAINER
TERMINAL SERVICES INC.**
Sugbongcogon, Tagoloan, Misamis Oriental

REQUEST FOR SERVICES

DATE: _____

TO : **Vessel / Yard Supervisor**
FROM : **Operations Officer**

Please perform the following services as requested by _____ for the below mentioned containers, as follows;

STRIPPING/STUFFING & EXAMINATION

- ☐ Stripping/Stuffing
- ☐ BOC Spot Checking
- ☐ 10% But Less Than 100% BOC Examination
- ☐ 100% BOC Examination

YARD HUSTLING

- | LOADED | EMPTY |
|------------------------------|------------------------------|
| <input type="checkbox"/> 20' | <input type="checkbox"/> 20' |
| <input type="checkbox"/> 40' | <input type="checkbox"/> 40' |
| <input type="checkbox"/> 45' | <input type="checkbox"/> 45' |

OTHER SERVICES

- ☐ Stevedoring
- ☐ Cargo Shoring and Re-Couping
- ☐ Line Handling
- ☐ Lifting/Closing Hatch Covers
- ☐ Pier Lighting
- ☐ OT Delivery
- ☐ Checking Service
- ☐ B.O. Turn-Over Survey
- ☐ Water Refill
- ☐ Reefer Pre-trip
- ☐ Weighing Request
- ☐ X-Ray

LIFT ON/LIFT OFF (LO-LO)

- | LOADED | EMPTY |
|------------------------------|------------------------------|
| <input type="checkbox"/> 20' | <input type="checkbox"/> 20' |
| <input type="checkbox"/> 40' | <input type="checkbox"/> 40' |
| <input type="checkbox"/> 45' | <input type="checkbox"/> 45' |

REEFER PLUG IN/OUT (ELECTRICAL CHARGES)

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> 20' | <input type="checkbox"/> 20' |
|------------------------------|------------------------------|

EXTRA LABOR

- ☐ Extra Lashing/Unlashing/Shoring

EQUIPMENT RENTAL

- ☐ Equipment Type, please specify

Time & date to commence requested activity: _____

For billing purposes, please forward to MICTSI Documentation Section accomplished reports on the services done.

Approved by: _____
Operations Officer

Requested by: _____
Signature over printed name

Name of Company

Company Address

Telephone Numbers