**solicitação de SERVIÇOS – LASMAT e CEMUCASI DA EEufmg**

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| Nome (docente do PPGEM):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discentes do PPGEM envolvidos: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ItemSolicitado(X) | Ensaio | Base(nº de amostras ou horas) | Número de amostras ou horas | Valor unitário | Valor total (R$) |
| ( ) | Análise térmica (TG/DTA/DSC) | Nº de amostras |  | R$ 150,00 |  |
| ( ) | Espectroscopias de FTIR, UV-vis, XRF e Fluorescência (PL) | Nº de amostras |  | R$ 100,00 |  |
| ( ) | DLS | Nº de amostras |  | R$ 100,00 |  |
| ( ) | Potencial Zeta | Nº de amostras |  | R$ 100,00 |  |
| ( ) | Microscopia de FTIR, Força Atômica e Fluorescência | Nº de horas |  | R$ 150,00 |  |
| ( ) | Espectroscopia de Fotoeletrons | Nº de amostras |  | R$ 350,00 |  |
| ( ) | Preparo de amostras | Nº de amostras |  | R$ 50,00 |  |
|  |  |  |  | Total |   |

Descrição das Amostras:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assinatura do docente Data: \_\_\_/\_\_\_/\_\_\_ |

Obs. Caso autorizado, os ensaios deverão ser agendados e combinados através do e-mail: aapmansur@demet.ufmg.br.

Autorizo a realização do serviço no valor de R$ \_\_\_\_\_\_\_\_\_\_\_\_\_no LASMAT E CEMUCASI da EEUFMG .

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Coordenador PPGEM Data: \_\_\_/\_\_\_/\_\_\_

Comunicado ao solicitante por e-mail em \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_