

Company Name _____ Address _____ City, State, Zip _____ Phone _____ Email _____ Send Bill or Receipt To: _____ Payment due with samples _____ unless credit has been established Email Invoice to: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Bill <input type="checkbox"/> Check# _____ <input type="checkbox"/> PO # _____ <input type="checkbox"/> Other _____ Amount _____ Received by _____			Special Instructions																
SAMPLE INFORMATION			Number of Containers	Analyses Requested										Comments					
TRK # (Lab use)	Sample Description	Date/Time Collected																	
RELINQUISHED BY				RECEIVED BY												Lab Use Only			
Signature _____			Signature _____										Temp _____ °C						
Printed Name _____			Printed Name _____										Received in a cooler? YES NO						
Date/Time _____			Date/Time _____										Labels and Chain Agree? YES NO						