

Client Information			Invoice Information		
Client Name:			Invoice To:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Contact:			Contact:		
Phone Number:		Fax Number:	Phone Number:		Fax Number:
Email:			Email:		

Project Name:	
Project Number:	
Special Instructions:	

	Sample ID/Number	Site Name	Sample Date	Sample Time	Analysis Requested	Other Sample Information
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Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Relinquished By:	Date:	Time:	Received By:	Date:	Time:
Relinquished By:	Date:	Time:	Received By:	Date:	Time:

COMMENTS: