

REQUISITION FORM FOR SAMPLING SUPPLIES

Client		Ship On:	
Project		Requested By:	
Attention		Date Requested:	
Address		Needed On:	
City/State/Zip		Airbill No.	
Phone:			

Analysis		Containers			Preservative	
Analysis	Qty	Type	Qty	Lot #	Type	ID/Lot #

Other Sampling Supplies						
Labels		Coolers			Custody Seals	
COC's		Packing Materials			Blue Ice	

Shipped Via:						
UPS	Next Day		2nd Day		3rd Day	
FEDEX	Sat. Del.		Ground Track		Regular Ground	
California Overnight	Next Day		Regular Next Day		Sat. Del.	

Special Instructions: Please FAX upon receipt to (310) 618-0818, Attention CRO.
Prepared By: _____ Delivered By: _____ Received By: _____