



Order/Invoice #
(filled out by lab)

On Campus External

Person responsible for invoice charges: (PI)

Phone: _____ Email: _____

Signature Approval by PI (or attach email of approval for service)

Project Contact Person:

Phone: _____ Email: _____

Project title:

Type of material:

Natural Abundance Enriched* (Max 1 atom %)

*if your samples are enriched please indicate the approximate amount of enrichment.

	Analysis 1	Analysis 2	Analysis 3
Analysis Code			
Description of Analysis			
Price			
Discount (if applicable)			
Est # samples			
Actual # samples (filled out by lab)			
# of Standards (filled out by lab)			
Machine used: (filled out by lab)			

Comments:

Service type: Full service

Assisted, machine time: _____ Research collab: _____

Office use only:	Date	Initials	QB entry
Received for analysis:	_____	_____	_____
Billing and terms approved:	_____	_____	_____
Submission of final report:	_____	_____	_____
Submission of invoice:	_____	_____	_____