

Paleo Research Institute
 2675 Youngfield Street
 Golden Co 80401

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Work Order



Total Number of Samples: _____
 Reservations?: Date: _____ Number: _____
 Date Needed (Must be Approved): _____
 Invoice No.: _____

Please Fill Out All Fields In GRAY (Customer)

Client Information		Billing Information	
Name:	_____	Name:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
City, State:	_____ Zip: _____	City, State:	_____ Zip: _____
Phone:	_____ Fax: _____	Phone:	_____ Fax: _____
eMail Address: _____			

In Order to Complete Any Work In A Timely Manner Please Fill Out The Following

Site Information Required

Please include the following with your Sample(s)

<input type="checkbox"/>	Site Name and Number
<input type="checkbox"/>	Location
<input type="checkbox"/>	Feature Description
<input type="checkbox"/>	Environment/ Vegetation
<input type="checkbox"/>	Cultural Affiliation
<input type="checkbox"/>	Provenience for Samples
<input type="checkbox"/>	Site Description
<input type="checkbox"/>	Dates
<input type="checkbox"/>	Maps
<input type="checkbox"/>	w/ Site Locations UTM's
<input type="checkbox"/>	w/ Sample Locations in Site

Work Requested

Type	# of Samples	Special Instructions
Pollen		Need To ReturnSample? <input type="checkbox"/>
Phytolith		Need To ReturnSample? <input type="checkbox"/>
Starch		Need To ReturnSample? <input type="checkbox"/>
Parasite		Need To ReturnSample? <input type="checkbox"/>
Macrofloral		Need To ReturnSample? <input type="checkbox"/>
Botanicals		Need To ReturnSample? <input type="checkbox"/>
C-14 I.D.		Need To ReturnSample? <input type="checkbox"/>
Macro C-14		Need To ReturnSample? <input type="checkbox"/>
Protein		Need To ReturnSample? <input type="checkbox"/>
P.E.T		Need To ReturnSample? <input type="checkbox"/>
AMS Date		Need To ReturnSample? <input type="checkbox"/>
Other		Need To ReturnSample? <input type="checkbox"/>

Notes: _____

Client Signature _____

Date: _____

Sample Received By _____

Date: _____