



PaleoResearch Institute  
 2675 Youngfield Street  
 Golden, CO, 80401  
 Phone: 303-277-9848  
 Fax: 303-462-2700

# Work Order

|   |                           |
|---|---------------------------|
| Total Number of Samples:                |                           |
| Reservations?: <input type="checkbox"/> | Date: _____ Number: _____ |
| Date Needed (Must be Approved): _____   |                           |
| Invoice No.:                            | _____                     |

**Customer: Please Fill Out All Fields in GRAY**

| Client Information |                  | Billing Information |                  |
|--------------------|------------------|---------------------|------------------|
| Name:              | _____            | Name:               | _____            |
| Company:           | _____            | Company:            | _____            |
| Address:           | _____            | Address:            | _____            |
| City, State:       | _____ Zip: _____ | City, State:        | _____ Zip: _____ |
| Phone:             | _____ Fax: _____ | Phone:              | _____ Fax: _____ |
| E-mail :           | _____            | E-mail :            | _____            |

**So we can complete your project 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 (UTMs)    |
| <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"/> |
| AMS Date    |              | Need To ReturnSample? <input type="checkbox"/> |
| AMS I.D.    |              | Need To ReturnSample? <input type="checkbox"/> |
| Macro AMS   |              | Need To ReturnSample? <input type="checkbox"/> |
| Protein     |              | Need To ReturnSample? <input type="checkbox"/> |
| FTIR        |              | Need To ReturnSample? <input type="checkbox"/> |
| Other       |              | Need To ReturnSample? <input type="checkbox"/> |

|        |       |
|--------|-------|
| Notes: | _____ |
|--------|-------|

- By signing below, I authorize PRI to charge me for the requested services.
- Limit of liability: PRI's liability shall be limited to the cost of the analysis.
- U.S. sample shipments larger than 5.75" x 8.5" x 11", and all international shipments, will be returned at client's expense.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sample Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**The more information we receive, the less likely your report will be delayed!**