



Portable Spectral Services

SAMPLE SUBMISSION FORM

COMPANY INFORMATION			
COMPANY			PROJECT
DATE			PO NO.
CON NOTE			OFFICE USE ONLY
NO. PACKAGES			SAMPLE SUBMISSION NO.
NO. SAMPLES			INVOICE NO.
TURNAROUND	Routine	Priority	Date:
			ACCOUNT MANAGER

START NO.	FINISH NO.	QTY	SAMPLE TYPE	METHOD OF ANALYSIS

COMMENTS/SPECIAL INSTRUCTIONS		
MINERALOGY/KEY ELEMENTS		
EXPECTED LEVELS		
SPECIAL NOTES		
SAMPLE LIST INCLUDED	Yes	No

RESULTS				
EMAIL				FORMAT
ADDRESS				
INVOICE				
EMAIL				
PDF SOFT COPY				
ADDRESS				
RETURN				
ADDRESS				Pickup
				Discard

SUBMITTED BY (CLIENT):		
PRINT NAME	SIGNED	DATE
RECEIVED BY (PSS PERSONNEL):		
PRINT NAME	SIGNED	DATE
COLLECTED BY (CLIENT):		
PRINT NAME	SIGNED	DATE