



AQUATIC RESEARCH, INC.

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BOTTLE ORDER FORM

CUSTOMER: _____ JOB: _____

PICKUP ___ or SHIP: GREYHOUND ___ UPS ___ OTHER _____

PICKUP/SHIP DATE: _____ TIME: _____

RECEIVED BY: _____ DATE: _____

QUANTITY		BOTTLE SIZE/TYPE	NOTES
NUTS	METALS		
		1L	
		500 ml	
		250 ml	
		125 ml	
		Bacteria	
		TOC/DOC COD	
		FOG/TPH	
		D.O.	
		Small Sediment	
		Large Sediment	
		40 ml VOA Vials	

INCLUDE: BLUE ICE ___ COC FORM ___ LABELS ___ or TAPE ___ PRESERVATIVE _____

NOTES:

DATE ORDER RECEIVED: _____

INITIALS: _____