

CHECK SAMPLE ORDER FORM

Bill To

Company
: Name:
Address:

City, State, Zip:
Zip: Phone:
Email:

Ship To (check if *ship to* is same as *bill to*)

Company
: Name:
Address:

City, State,
Phone:
Email:

P.O. NUMBER	P.O. Date	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
					Net 30 Days

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
SUBTOTAL				
SHIPPING & HANDLING				
OTHER:				
TOTAL				

Submitted by: _____ Received at GLS by: _____

Submit form and any questions or concerns to popeh001@globallaboratory.com and Westbeh1@globallaboratory.com

Prepared by: Niko Burns
Approved by: Heather Westberg

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