

MicroChem

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TEST REQUEST FORM

CUSTOMER DETAILS

1	Name & address of the client	
2	Report postal address	

DETAILS OF THE CONTACT PERSON

Name			
Telephone		Email	

BILLING DETAILS

Same as above	1	2		Different from above (please fill below)	
Name of the organization	Same as above			Telephone	
Address					
VAT Reg. No					
Quotation No. (If any)					

SAMPLE SUBMITTED BY

Name	
Signature	

SAMPLE ACCEPTED BY

Date	
Name	
Signature	

SAMPLE DETAILS

Test Item	Your Ref	Test Parameter/s	Test Method	(Office use only) Lab Reference No. Year/Month		Remarks
				C	M	

FOR COMPANY USE ONLY

Quotation No. (If any)					Invoice No.						
Payment Method	CaR	CaF	ChR	ChF	DD	C	Payment mode	Adv		Full	