SP	SAMPLE SUBMI	TTAL	- FOF	RM	American Assay
Company:					Laboratories Inc.
Contact:					1500 GLENDALE AVE.
Billing Address:					SPARKS, NV USA 89431-5902
PROJECT:	COMPANY PO #:				Phone 1-775-356-0606,
SAMPLE ORIGIN COUNTRY:	STATE: COUNTY: USDA Quarantine Requirement				Fax 1-775-356-1413
Telephone:	Fax:				EMAIL: info@aallabs.com
Date Submitted:	AAL Received:				
RELEASOR SIGN:	DATE/TIME: ACCEPTOR SIGN:				
SAMPLE IDENT	IFICATION	TYPE	#	PREPARATIO	N AND ANALYSIS
	TOTAL NUMBER OF SAMPLES:		DATA O		
TURNAROUND REQUIREMEN	I		Hard Co	py Address:	
REPORT IN: PPB□	PPM[] OPT[] %[]		Phone: Fax:		
COARSE REJECTS	PULPS		E-Mail:		
Discard Return COD	Discard Return COD		Format:	xIs txt pdf	Jacquira Dyml
[] Return COD	Retuin COD		i Officat.	xis txt pui	acquire xml
	PAYMENT TERMS 20 *** For AMERICAN ASSAY	Days Fro	om Invoid	Liso Only ***	
Entered By/Date:	EPR/Date:		t Method		
SNR/Excess/Other:					