



PACKING SLIP TO TRI

TRI PM ATTENTION:	TRI QUOTE NUMBER:
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Project Info.	Site Name:	
	Phase / Project Name	
	Site Location (City, State):	

INVOICE	Bill to Contact:		Phone:	
	Bill to Company:		Project Number:	
	Mailing Address:		e-mail:	
	City, State, Zip:		PO #:	

SITE	CQA / Site Contact:		Phone:	
	Company:		e-mail:	

Samples Included in shipment		
Sample ID	Material/Manufacturer	Notes

Special Instructions:

SHIPPING	
Hazardous: Y- <input type="checkbox"/> N- <input type="checkbox"/>	Tracking Info
Special Handling: Y- <input type="checkbox"/> N- <input type="checkbox"/>	
Number of Packages:	

"As-Received Notes (TRI Use)
