SPL, Inc.
Analysis Request Chain of Custody Record

SPL Work Order No.:	SPL Work Order No.:	Acct. Mate Code:	Dept. Code	SPL Page 1 of 1

Report To: (Company Name):	Project/Station Name:	Project/Station Number:	Project/Station Location:
Address			
City/State/Zip	Special Instructions:		
Contact: Phone: Fax:			
Invoice To: (Company Name):	Indicate Billing Type:	Net 30 day Acct. ☐	Check # Cash Recv'd $
Address		Credit Card ☐	Contact SPL, Inc for CC payment arrangements.
City/State/Zip			
Contact: Phone: Fax:			
PO / Ref. No.:			
Contract/Proposal #:			

* Terms: Cylinders will be rented for $10/cyl. All cylinders checked out are to be returned within 21 days, whether they contain sample or not. Cylinders not returned after 30 days will be considered lost and will be billed at current replacement cost.

Requested TAT

- ☐ **24hr ***
- ☐ **48hr ***
- ☐ **72hr ***
- ☐ **Standard**
- ☐ **Other** Indicate Below

_____
_____
_____

* Surcharges May Apply

Requested Analysis

Sample ID & Point	Sample Date	Sample Time	Sample Type (Gas/Liq. Solid)	Duplicate	Composite	Spot	Cylinder Tracking Info * Cylinder #	Date Out	Date In		Sulfur	Heat of Combustion (BTU)										Comments

Sampled By-Print Name: Signature:			Company Name:		
Relinquished By-Print Name: Signature:	Date:	Time:	Received By-Print Name: Signature:	Date:	Time:
Relinquished By-Print Name: Signature:	Date:	Time:	Received By-Print Name: Signature:	Date:	Time:
Relinquished By-Print Name: Signature:	Date:	Time:	Received By-Print Name: Signature:	Date:	Time:

☐ 8820 Interchange Dr. Houston,TX 77054 (713) 660-0901

☐ 9221Highway 23 Belle Chasse, LA 70037 (504) 391-1337

☐ P.O. Box 3079 Laurel, MS 39442 (601) 428-0842

☐ 500 Ambassador Caffery Pkwy. Scott, LA 70583 (337) 237-4775

☐ 1595 US 79 South Carthage, TX 75633 (903) 693-6242

☐ 459 Hughes Dr. Traverse City, MI 49686 (616) 947-5777

Note - As a convenience to our clients, this form is available in an electronic format. Please contact one of our offices above for the form to be e-mailed to you.