



**REQUEST FOR PARTICLE SIZE
ANALYSIS SERVICES**

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IMPORTANT		
Date Results Requested:		
Time:		
Rush Charges Authorized?	Yes	No

REPORT RESULTS TO	Contact Name:				SEND INVOICE TO	P.O. #/Project #:					
	Company:					Contact Name:					
	Mailing Address:					Company:					
	City, State, Zip:					Address:					
	Telephone #:		Fax #:			City, State, Zip:					
E-mail:				Telephone #:		Fax #:					
Special Instructions:					Analysis Requested (Enter an "X" in the boxes below to indicate request.)						
Lab ID# (PTI use only)	Client Sample Identification (IDs must be unique)	Date Sampled	Time Sampled		Microtrac X-100	Microtrac S3500	Coulter Multisizer Single Aperture Analysis	Coulter Multisizer Multi-aperture Analysis	Ro-Tap sieve analysis	Gilson sieve analysis	
CHAIN OF CUSTODY		Collected by customer (Print):				Comments: If you would like to pay via credit card please write or type in credit card in the P.O.#/Project # slot above.					
Collectors signature:											