



REQUEST FOR PARTICLE SIZE AND/OR MOISTURE CONTENT 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 (i.e. For Microtrac testing is another medium other than distilled water needed such as IPA or Methanol):

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	Moisture Content 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 information in the P.O. #/Project # slot above.
	Collectors signature:	