# SUBMITTAL FORM

**Section 1: Customer Information**

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|---|---|
| Company | |
| Contact Name | |
| Address | |
| Email | |
| Phone | |
| Job No. | |

**Section 2: Sample Information**

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|---|---|
| Site Name & Address | |
| Collected by | |
| Date collected | |

**Section 3: Sample Details**

| Sample No. | Sample Location (Building, Floor, Room) | Description of Material Sampled (e.g. ceiling tile, wall panel, air samples etc) |
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|---|---|---|---|---|---|
| Normal Turnaround (3 days) | | Quick Turnaround (1 day) | | Emergency (2-3 hours) | |

Customer to Sign: _____

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|---|---|
| Office Use Only: | Price agreed per sample: $_____+ GST |
| | Payment method: |