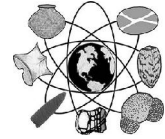


PaleoResearch Institute  
 2675 Youngfield St.  
 Golden, CO 80401

**Work Order**  
 Phone: 303-277-9848  
 Fax: 303-462-2700



	Client Information	Billing Information
Name:		
Company:		
Address:		
City, State, ZIP		
Phone/Fax:		
eMail:		
Other:		

Check List for Information:	
<input type="checkbox"/>	Site Name & Number
<input type="checkbox"/>	Site Description
<input type="checkbox"/>	Location
<input type="checkbox"/>	Site Location <b>UTM's</b>
<input type="checkbox"/>	Environment/Vegetation
<input type="checkbox"/>	Cultural Affiliation
<input type="checkbox"/>	Feature Description(s)
<input type="checkbox"/>	Provenience for Samples
<input type="checkbox"/>	Dates
<input type="checkbox"/>	Maps
Return Samples?	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Instructions:	

Work Requested:		
Analysis	# of Samples	Special Instructions
Pollen		
Phytolith		
Starch		
Parasite		
Macrofloral		
Botanical id <del>g</del>		
ID prior to AMS Date		
AMS Date		
Protein		
Other		
Other		

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_

Notes

*All invoices will be sent to the client listed above unless you specify a billing email.*