

FOC CONSUMABLES

SALES DEPARTMENT

TYPE OF ACCOUNT: PRIVATE GOVERNMENT DEALER ITEM REQUEST: REAGENTS CONSUMABLES MACHINES						
REQUESTOR INFORMATION						
EMPLOYEE NAME			DATE OF REC	QUEST		
DEPARTMENT			POSITION			
ACCOUNT NAM	E		PREFERRED I	DEMO DATE(S)		
ADDRESS			PURPOSE OF	DEMO		
REAGENTS AND CONSUMABLES INFORMATION						
PART NO.	DESCRIPTION				QTY	UNIT
				GPA	ND TOTAL	
MACHINE INFORMATION (TO BE FILLED BY TECHNICAL SERVICE DEPARTMENT)						
MACHINE NAME			MACHINE SERIAL NO			
ACCESSORIES NEEDED		SPECIAL REQU (e.g., installation needs)			JIREMENTS	
			,			
			CHECKED BY			
				Signature over Pr	inted Name	
			DATE SIGNED:			
			APPROVED BY			
Emp	bloyee's Signature lature over Printed Name)	Product Manager/Product Application Manager (Signature over Printed Name)		Regio	Regional/National Sales Director	
(Signature over Printed Name) DATE SIGNED:		(Signature over Printed Name) DATE SIGNED:		Regional/National Sales Director (Signature over Printed Name) DATE SIGNED:		