

ADVANCE ORDER REQUEST

SALES DEPARTMENT

TYPE OF ACCOUNT:	PRIVATE	GOVERNMEN	T DEALER ITE	M REQUEST	REAGEN	ITS CONS	SUMABLESN	MACHINES	
REQUESTOR INFORMATION									
EMPLOYEE NAME					DATE OF REQUEST				
DEPARTMENT					POSITION				
ACCOUNT NAME					REFERENCE NUMBER				
ADDRESS					CONTRACT #	‡/P.O#			
REAGENTS AND CONSUMABLES INFORMATION									
PART NO.		DESC	RIPTION		QTY	UNIT	UNIT COST	TOTAL AMOUNT	
						<u> </u>	RAND TOTAL		
MACHINE INFORMATION (TO BE FILLED BY TECHNICAL SERVICE DEPARTMENT)									
MACHINE NAME			MACHINE SERIAL NO						
ACCESSORIES NEEDED			(e.g., installation needs)			SPECIAL REQUIREMENTS			
					Theeds,				
					CHECKED BY				
				CILCALD DI					
				DATE SIGNED:		Signature over Printed Name			
PREPARED BY			ENDORSED BY			APPROVED BY			
						STEPHEN C. HERNANDEZ			
Employee's Signature (Signature over Printed Name)		Regional Sales Manage (Signature over Printed Name)		National Sales Director					
(Signature over Printed Name) DATE SIGNED:		(Signature over Printed Name) DATE SIGNED:			DATE SIGNED:				