

CLIENT				INVOICE (complete if different from Client)			
Company:		Phone:		Company:		Phone:	
Address:		Cell:		Address:		Cell:	
City, State, Zip:				City, State, Zip:			
Contact:				Contact:			
E-mail:				E-mail:			
PROJECT							
Project Name:			Client Project #:		Purchase Order#:		
Project Location:			GTX Sales Order #:		Requested Turnaround:		
On-site Contact:			E-mail:		Phone:		

GEOMEMBRANE SEAMS		Weld Type	Resin Type	Top Panel #	Bottom Panel #	Machine ID	Welder ID	Date Sampled
Product Description (Product name, manufacturer, etc.)	Sample ID							

Please Specify Test Method	ASTM D 6392	ASTM D 413	ASTM D 751	ASTM D 7408*
*Please Specify Product Type	HDPE	LLDPE	Other:	

AUTHORIZE BY SIGNING AND DATING:

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

Relinquished by:	Date:	Received by:	Date:
	Time:		Time:
Relinquished by:	Date:	Received by:	Date:
	Time:		Time: