



5-69, South Academic Building
 University of Alberta Edmonton, AB, T6G 2R3 Canada
 website: swamp.ualberta.ca

Complete this form and e-mail to:
 Dr. Fiorella Barraza - barrazac@ualberta.ca

SWAMP USE ONLY Received by: _____ Date received: _____

Comments: _____

CLIENT INFORMATION	INVOICE TO
Contact: _____	Same as primary contact
Company: _____	Company: _____
Street Address: _____	Address: _____
Province/State: _____	
Country: _____ Postal/Zip Code: _____	
Attn: _____	Attn: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

SEND RESULTS TO (e-mail): _____

LIST OF ELEMENTS REQUESTED

Sample Type	Preparation required	Type of Analytical Service	Quantity	Unit Cost	Total Cost
	dry & mill digestion other				
	dry & mill digestion other				
	dry & mill digestion other				
	dry & mill digestion other				
	dry & mill digestion other				
	dry & mill digestion other				
	dry & mill digestion other				
	dry & mill digestion other				

Special notes: (please communicate relevant information; e.g. water contains 2% nitric acid, type of digestion needed)	Disposal Cost	
	Return Cost	
	Storage Cost	
	QAQC Cost*	
* IMPORTANT: The number of digested blanks and SRMs (QAQC) is calculated as 20% to 30% of the total number of samples. We encourage the submission of blind duplicates to ensure the quality of your data since these are not included in our costs. ** External clients will be assessed 30% overhead	30% overhead**	
	Anticipated TOTAL Cost	

RETURN (at cost + 10%)	RETURN ADDRESS	Same as primary contact
Return immediately after analysis	Company: _____	
Return after 30 days	Address: _____	
Pickup within 30 days	Phone: _____ Attn: _____	

DISPOSAL	Within 30 days (\$0.20/sample)	STORAGE	30 days (\$0.00/sample/month)
	After 30 days (\$0.50/sample)		After 30 days (\$0.50/sample/month)
	After 60 days (\$0.60/sample)		After 60 days (\$0.60/sample/month)

AUTHORIZATION - Client hereby requests SWAMP to perform the above services.

 Authorized Signature _____
 Date