

Request for Analytical Services

Laboratory Facilities for Advanced Aquaculture Technologies
SEAFDEC Aquaculture Department, Tigbauan, Iloilo, Philippines
Tel. No. + 63 33 5119170-71 loc. 379

Requested by	:	_____	Request Reference No.	:	_____
		(Printed Name and Signature)			
Address	:	_____	Tel/Fax No.	:	_____
Analysis Required	:	_____	Date Requested	:	_____
Sample Description	:	_____	Due Date	:	_____
Cost of Analysis	:	_____	Project Account Code	:	_____

Instructions (Include number of samples, labels, etc):

To be filled up by LFAAT:

Sample Received by	:	_____	Date Received	:	_____
		Signature over Printed Name	Noted by	:	_____
Analyst	:	_____			
		Signature over Printed Name			Laboratory Manager (Signature over Printed Name)

Report of Analysis Claim Stub:

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Client's Name	:	_____	Request Reference No. (RRN)	:	_____
		(Printed Name and Signature)			
SEAFDEC Cashier/Budget	:	_____	Cost of Analysis	:	_____
		(Printed Name and Signature)	Project Account Code	:	_____
			O.R. No. and Date	:	_____

NOTE: Present proof of payment to LFAAT when claiming Report of Analysis.

Modes of payment: **Check**, pay to the order of SEAFDEC Aquaculture Department (provide 3 days clearing); **Deposit or Transfer of Funds** to SEAFDEC Aquaculture Department S/A No. 307 1128779 at UCPB-Iznart Branch, Iloilo City (Please fax deposit slip or transaction receipt to +(33) 5119070 indicating Client's Name and LFAAT RRN); or **Cash Payments** at SEAFDEC Aquaculture Department Cashiering Office, Tigbauan, Iloilo.

For SEAFDEC Cashier/Budget:

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Client's Name	:	_____	Request Reference No. (RRN)	:	_____
		(Printed Name and Signature)			
Analysis	:	_____	Cost of Analysis	:	_____
			Project Account Code	:	_____
			O.R. No. and Date	:	_____

Kindly book funds as income of: CAL (4120-T-RD-5108RD-LAI); LFAAT (4120-T-RD-5125RD-LAI)