Precision Geosynthetic Laboratories
PROJECT INFORMATION RECORD

DATE: _____ **Quotation #** _____ **PGL Project #:**

PROJECT NAME

PROJECT NUMBER: _____ **P.O #**

PROJECT LOCATION: _____

O WITH SPECS O NO SPECS

for PGL use only

BILL TO:

Name: _____
Company: _____
Address: _____
_____
_____
Tel #: _____
FAX #: _____
E-mail Address: _____

ADDRESS REPORT TO:

Name: _____
Company: _____
Address: _____
_____
_____
Tel #: _____
FAX #: _____
E-mail Address: _____

SEND REPORT TO:

Name: _____
Company: _____
Address: _____
_____
_____
Tel #: _____
FAX #: _____
E-mail Address:

FAX or E-Mail REPORT TO:

Name: _____
O FAX _____
O E-Mail Address _____
Name: _____
O FAX _____
O E-Mail Address _____

FIELD CONTACT

Name: _____
Pager: _____
Mobile Ph.#: _____
Tel.#: _____
E-Mail Address: _____

SPECIAL INSTRUCTIONS:

Please fill this form and fax to 714-520-9637.
Thank you.

REPORT

O Seam Report # _____
O Seam Summary Report
O Individual Conformance/ Direct Shear Report
O Conformance Summary Report
O Email Report
O CD-ROM Project Report Summary

INVOICE

O Individual Invoice Only
O Monthly Billing Report