



## LABORATORY TRANSMITTAL SHEET

Received From:	Transmitted To:
Company Name:	Materials Analytical Services, Inc.
Address:	Attn: Asbestos Lab
	3945 Lakefield Court
Phone:	Suwanee, Georgia 30024
Fax:	
	PH: (770) 866-3200 Fax: (770) 866-3259

Client Name:
Project Name:
Project Number to Bill to:
Engineer to Receive Lab Report:
Department Manager
Number of Samples:
Cost Per Sample
Date/Turnaround Required:
Type of Analysis:
Special Instructions:
<i>Distribution: Original to Lab                  Copy to Project File                  (Attach Chain of Custody)</i>

**WORK AUTHORIZED BY:**

**ACCEPTED BY:**

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
MAS Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

