



Service Order Form - RST

RST#: _____

Job #: _____

Please enter the information electronically for ease in readability.

Please complete the Customer sections below completely.

This form must accompany all shipments.

To Be Completed By Customer

Company Name: _____	PO #: _____
Customer Contact: _____	RST Project (Steri-Tek code): _____
Phone: _____	
Email: _____	Requested Dose(s): _____
Product Description: _____	
Part #: _____	

Shipment Information

Number of Shipping Containers, Boxes, or Units shipped: _____

Lot No(s): _____

Special Instructions: _____

Turnaround time: Standard RUSH

Arrival Date: _____ Ship/Will Call Date: _____ Insure For: _____

Pick-up / Return Via: _____ Account #: _____

Authorized Signature: _____ Date: _____

To Be Completed By Steri-Tek

Order Confirmation	Yes	No	NA
Information complete and checked against specification?	<input type="checkbox"/>	<input type="checkbox"/>	
# of Boxes or Units received match customer count?	<input type="checkbox"/>	<input type="checkbox"/>	
Changes or discrepancies resolved/authorized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Received: _____ Time: _____ Completion Date: _____ Time: _____			
Current PPS DCO#: _____ (NA if not applicable)			
Comments: _____			

Confirmed: _____ Date: _____