



# Service Order Form

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: _____	
Phone: _____	Processing Code: _____
Email: _____	Target Dose: _____ kGy
Product Description: _____	Dose Range: _____ kGy
Part #: _____	

### Shipment Information

Number of Shipping Containers, Boxes, or Units shipped: \_\_\_\_\_

Lot No(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Turnaround time: Standard 48 hours  RUSH Jobs: 24 Hr  4 Hr  2 Hr  1 Hr

Arrival Date: \_\_\_\_\_ Ship/Will Call Date: \_\_\_\_\_ Insure For: \_\_\_\_\_

Pick-up / Return Via: \_\_\_\_\_ Account #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To Be Completed By Steri-Tek

	Yes	No	NA
<b>Order Confirmation</b>			
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: \_\_\_\_\_