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 Fax: (270) 527-5498 • Email: ted.audas@audasenvironmental.com

Client: \_\_\_\_\_ AE Project No.: \_\_\_\_\_  
 Site: \_\_\_\_\_ Client Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
 \_\_\_\_\_ Contact E-mail: \_\_\_\_\_  
 Project: \_\_\_\_\_

Client Contract # / Release # / Work Order # / Purchase Order # / Etc. \_\_\_\_\_

DATE	START TIME	STOP TIME	HOURS	NOTES	NUMBER OF SAMPLES	TECH.	CLIENT INITIALS

Total Hours: \_\_\_\_\_

# of Samples: \_\_\_\_\_ Sample Type: \_\_\_\_\_ # of Samples: \_\_\_\_\_ Sample Type: \_\_\_\_\_  
 # of Samples: \_\_\_\_\_ Sample Type: \_\_\_\_\_ # of Samples: \_\_\_\_\_ Sample Type: \_\_\_\_\_  
 # of Samples: \_\_\_\_\_ Sample Type: \_\_\_\_\_ # of Samples: \_\_\_\_\_ Sample Type: \_\_\_\_\_

Technician Signature(s): \_\_\_\_\_

Client/Supervisor Signature: \_\_\_\_\_