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PHAMATECH

**BOP FAX ORDER FORM
 FOR DRUG TESTING KITS**

FAX TO: 858-635-5843

ATTN: JOHN POLANCO OR JOHN TOMA

DATE: _____

AUTHORIZED BY: _____

CLIENT: _____

CLIENT Code (7digits) _____
 (separate forms must be used if you are ordering for
 different facilities, such as camp, FCI, FCC, etc.)

PHONE: _____

FAX: _____

PO #: _____

(PO# IS REQUIRED IN ORDER TO FULFILL THE ORDER – please see your finance/accounting office)
 - Per BOP Central Office

EMAIL: _____

BILLING ADDRESS:
 (write same if same as shipping)

SHIPPING ADDRESS:

ATTN: _____

ATTN: _____

QUICKSCREEN INTEGRATED DRUG TEST CUP

<u># OF CASES</u>	(150 cups per case*)	<u>PRICE/CASE</u>	<u>TOTAL</u>
_____	: 9187Z-9600X	<u>\$525.00</u>	_____

(*Note: One chain of custody form will come for every cup ordered. So, if you order 1 case, you will receive 150 chain of custody forms.)

(Every order is automatically shipped 4% of the order total of bio bags and specimen shipping boxes)

ADDITIONAL SUPPLIES (Free UPS Ground shipping)

Additional supplies can be ordered separately by using the Additional Supplies Order Form.
 We accept purchase cards or we can invoice for additional supplies. Note: Additional supplies cannot be included in Drug Cup delivery order as they are not part of the awarded contract. – Per BOP Central Office

NOTE: PLEASE PLAN YOUR ORDERING ACCORDINGLY, IT WILL TAKE AT LEAST 5 TO 7 BUSINESS DAYS FOR YOUR SHIPMENT TO ARRIVE.

OFFICE USE ONLY:

Shipped Free Ground - _____ Other: _____

Order Confirmed by - _____ Date: _____ Time: _____

Comments - _____
