

<b>ORDER &amp; LABORATORY REQUEST</b>				DATE		OUR ORDER NUMBER				
SALESMAN/WRITER		REQUEST FOR			To Be Completed By	Date Completed	COPIES FOR			
		No. Proofs	Prices	Inks			Sales	Lab	Order	Other
Customer		Formula		Quantity Ordered	Description				Price	
P.O #				Misc. Information						
Att. Of										
Buyer										
Wet Sample	Proof	substrate		Not Available	L.P.	Offset	Flexo	Gravure	COLOR COPY TO BE RETURNED	
Misc.				INK MUST RESIST:				Toller:		
Ink System:										
Press:										
Anilox:										
BCM:										
Notes:										