

Date:

Evidence Transmittal Form

ATS Reference #

			Customer Info	ormation			
Submitted By:				Verbal Report To:			
Company				Phone #:			
Address				Written Report To:			
/ luur				-			
E				Company			
Email Address:				Address			
Phone				_			
Cell							
		Insurance Information		E	Billing Information		
File #:				Invoice To:			
Insured:				Company			
Claim Number:				Address			
Date of Loss:							
				PO #			
				FO#			
DESCRIPTION OF EVIDENCE					LOCATION COLLEC	TED	
ltem #	Size/Type Container	Description Type of Mater Material (burned or					
1.							
2.							
3.							
4.							
5.							
6.							
Special I	Instructions/Com	ments:					
Dispos	ition:	Return	Des	trov	Store at AT	s	
2.0000				,		-	
		CHAIN	of Evidence (Sig	NATURE REQUIRED)		
From:		То:		Via:	Date:	Time:	
From:		То:		Via:	Date:	Time:	
From:		То:		Via:	Date:	Time:	
From:		То:		Via:	Date:	Time:	

We appreciate the opportunity to provide your testing/inspection needs and look forward to being of service to you. Services provided will be governed by the Applied Technical Services, Inc. (ATS) General Conditions of Service available at

www.atslab.com/salesorderacknowledgement.pdf