DEPART OF	Departm NATIONAL TOBA Panay Avenue corner	Republic of the Philippines Department of Agriculture ONAL TOBACCO ADMINISTRATION venue corner Scout Reyes Street, Quezon City			NTA-IRD/TLSID-4	
Tel No. (02) 372-31-94 Fax No. (02) 373-2095						
Request for Analytical Services						
(internal)						
Requesting Party:			Date:			
Departme Project Tit	nt/Division <u>:</u> tle:					
Purpose:	R&D Labelling			Others, specify		
Remarks:						
Sample Code	Kind of samples (soils,cured tobacco,cigarettes,wate	r,etc)	Lab Code	Analysis req	uired	
For the la	l boratory(Do not fill-up below)	Approval box:*				
	Date:					
Received by: Control no.			Dept. Manager			
Chief Ceie						
Chief Science Res. Specialist			Manager,IRD			
Note:			*no action will be taken without approval of the above			
CHARGE BOX						
UNARGE			Amount			
Quantity	Analyte	Cost	Total Cost	O.R. No.	Date	
	, ,					
	Total					