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2017 Laboratory Improvement Programs Order Form

Enter the appropriate program code and quantity to order. (Note: The CAP will apply appropriate S/H charges.)

Program Code	Description	Quantity	Unit Price	Extended Amount
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
<input type="text"/>		<input type="text"/>		

Please allow 5 business days to process your renewal order.

Thank You!

Page Total \$ _____

Subtotal from Prior Page(s) \$ _____

Estimated Sales Tax* \$ _____

Fuel Surcharge \$ _____

Order Total \$ _____

*Actual sales tax will be calculated based upon your ship-to address and the taxability of the items purchased. Duties, taxes and other fees are the responsibility of the customer at the time of delivery.

