

# FK 407-5 Orderform for calibration

Testing Centre ALMI TEST  
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No ...../.....

### Invoice details

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
VAT/ Reg No: \_\_\_\_\_  
Director: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
tel: \_\_\_\_\_

### Calibration certificate details

Company/ lab name: \_\_\_\_\_  
Address: \_\_\_\_\_  
User of device: \_\_\_\_\_

Ser. No	Volume	Manufacturer	Brand, model

### Complement:

- Manufacturer's specification
- Tips
- Instruction for work

Other: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Reporting statement of conformity to a specification/ standard: .....  Yes  No  
.....

Reporting opinions and interpretations:  Yes  No

The client declares that he is familiar with the General Trade Conditions of TC ALMI TEST (www.almitest.com).

**I certify that the pipettes above are fully decontaminated and are free of radioactive, chemical and bio- hazardous materials and are safe for human handling.**

Name, signature: \_\_\_\_\_

Date: \_\_\_\_\_