Laboratory Name: TestAmerica Laboratories

Task Number: OV267 Contract Number: LAB145

LIMs Event Name(s): CEN-DIST-2021-09-29-04

Contractor's Report ID: 660-113968-1

Invoice Number: 6600022313

TAT in days* 5 BD

	Yes	No
Written report received?	X	
Electronic deliverable received?	X	
Data for all samples accounted for?	X	
All requested QC accounted for?	X	
Is TAT acceptable?	X	
Is data reportable?	X	
Invoice amount agrees with reported data?	X	

Date report received	10/6/2021
Date EDD received	10/6/2021
Date invoice received	10/6/2021

* TAT - Turnaround time from the day of sample receipt at overflow lab to the day the report is received.

Comments:

Data Approver's Signature/Date Q. Kelly / 10/06/21

I, Linda S. Allen, certify that I am the Contract Manager and the provided information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or to conduct periodic post-audits of any agreements.

Contract Manager's Signature/Date _____/_____