



**CEQ SUBMISSION FORM**

FY \_\_\_\_\_

<b>Date Received</b>		<b>CEQ Lab#</b>	
<b>Sender's Name</b>		<b>Client's Name</b>	
<b>Street Address</b>		<b>County</b>	
<b>City</b>		<b>State</b>	
<b>Email</b>		<b>Zip</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Billing Info</b>			
<b>Sample Type</b>	<b>Water</b>	<b>Foliage</b>	<b>Soil</b>
			<b>Tissue</b>
			<b>Other:</b>

Type of Analysis Requested (Please Circle)	
Pesticide / Insecticide (P44, S44, W45) \$100	Phenol (W28) \$40
Herbicide (P45, S45, W46) \$100	Cyanide (F25, W29) \$50
Pesticide / Herbicide Combo (H5) \$150	Tannins (Hach method) \$25
Phenoxy Herbicide (P46, S46, W47) \$100	PCB {Transformer Oils} (H1) \$50
Termiticide (P47, S47, W48) \$100	Volatile Organic Analysis (W49, S48) \$125
TPH Diesel Range Organics (W52, S51) \$75	BTEX Only (W50, S49) \$100 { Benzene, Toluene, Ethyl Benzene, Xylene}
TPH Gasoline Range Organics (W51, S50) \$75	

Check# \_\_\_\_\_ Amount \_\_\_\_\_ Invoice# \_\_\_\_\_ Completed \_\_\_\_\_  (Faxed or Emailed)

For UGA internal payments, please indicate: Fund: \_\_\_\_\_; Program: \_\_\_\_\_; Class: \_\_\_\_\_; Department: \_\_\_\_\_