

PESTICIDE SAMPLE SUBMISSION FORM

FY _____

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

Type of Analysis Requested (Please Circle)		
	Test	Price
H10	Chlorinated Pesticides	\$150
H11	Organophosphates	\$150
H12	General Herbicides	\$150
H13	Phenoxy Herbicides	\$150
H14	Glyphosate and its Derivative, AMPA	\$150
	Other:	

Check# _____ Amount _____ Invoice# _____ Completed _____ (Faxed or Emailed)

For UGA internal payments, please indicate:

Fund: _____; Program: _____; Class: _____; Department: _____