

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

LAB USE ONLY	
Date:	_____
Set I.D.:	_____
Page #:	_____

# CHECK SUBMISSION FORM

*REFER TO CURRENT PRICE LIST FOR CORRECT CHARGES*

BE SURE TO NOTE NUMBER OF TESTS UNDER CORRECT HEADING

County Code: \_\_\_\_\_

Check covers analysis for the following samples. Indicate number of tests requested (use number, **NOT CHECK MARK**)

	Client Name	#Routine	#Boron	#Soluble Salts	#O.M.	#Nitrate	#Green-house	#Other	Amt. Due (\$)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

**Total Amount Due (\$)** \_\_\_\_\_