



Check Submission Form

REFER TO CURRENT PRICE LIST FOR CORRECT CHARGES

BE SURE TO NOTE NUMBER OF TESTS UNDER CORRECT HEADING

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

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

County: _____

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

Total Amount Due (\$) _____