

Mailing Address (please print)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ FL Zip \_\_\_\_\_

Date \_\_\_\_\_ E-mail \_\_\_\_\_

Forage Species: \_\_\_\_\_

Type of forage: Please mark one

Hay  Haylage  Silage  Pasture  Stockpiled Forage

Enterprise:

Beef  Dairy  Horse  Hay  Others

Fill in one line per sample and additional sheets for more than 4 samples

Lab use Only	Sample ID

Payment in full is required with your sample submission; invoicing, is not available.

Total # samples: \_\_\_\_\_ x \$ 7.00 per sample = total payment: \$ \_\_\_\_\_

Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash \_\_\_\_\_

Checks: pay to the order of "University of Florida"