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## Manure/Compost/Sludge/Soiless Mix Sample Submittal Form

Report and Billing To				Sample Information			
Name:				Sampling Date:			
Address:				Mailing Date:			
City:	State:		Zip:	Sample Received Date:			
Email:				Field ID (Optional):			
Tel:				Field GPS (Optional):			
Lab Number (Lab Use Only)	Sample ID	Sample Type	Test Code	Comments			
				Payment Information			
				Include Check	Yes	No	Check #
							Amount: \$