

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"