

SOIL, WATER AND PLANT TESTING LABORATORY

ROOM A-319, NATURAL AND ENVIRONMENTAL SCIENCES BUILDING

FORT COLLINS, CO 80523-1120 Phone 970-491-5061/Fax 970-491-2930



NAME _____
Customer/Contact Business

CUSTOMER ADDRESS: _____
Street/P O Box

City State Zip code

Customer Phone No.: _____ Customer Fax No.** _____

** Please provide this information so that results can be provided without delays for mailing and billing times.

E-Mail if available _____

ON-CAMPUS CUSTOMER BILLING INFORMATION

Name of Department to be billed: _____

Account Number: _____

(Students) Instructor/Advisor Name: _____

OFF CAMPUS CUSTOMER BILLING INFORMATION

Complete information for payment by credit card-

MasterCard Name on Card _____ Expiration Date _____
Visa Card Number _____

PO number, Project name/number needed to be seen on invoice: _____

By accepting service or goods, I agree to submit payment in full to Colorado State University upon receipt of invoice or University Billing Statement. Late payment charges of 1.5% per month and other penalties specified may be addressed for late payment.

PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

MINIMUM CHARGE \$12.00

DATE SUBMITTED: ____/____/____

DATE NEEDED: ____/____/____

LAB NO.	YOUR SAMPLE ID	ANALYSIS REQUESTED
<i>for lab use only</i>		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL NUMBER OF SAMPLES: _____

SAMPLE DISPOSAL INFORMATION: Return to Originator _____ **OR Destroy** _____

Due to lack of storage space, the lab must discard samples 30 days after the customer receives results. If samples need to be returned, please pick-up or arrange for return prior to that time. If samples or containers need to be returned by mail, postage and handling fee will be assessed.

If samples need to be stored here there will be a one time fee of \$4.50 per sample charge to the customer.

Please initial here to acknowledge that you have read the above statement

CHAIN OF CUSTODY (IF NEEDED)

Printed Name Signature Date Time

Relinquished by: _____

Received by: _____

Send to: (U.S. Mail) CSU Soil, Water & Plant Testing Laboratory, NESB Room A-319 Fort Collins CO 80523-1120

For other carriers please add: 200 West Lake Street below CSU Soil, Water & Plant Testing Lab

Visit our web site at: <http://www.soiltestinglab.colostate.edu>