

TPS Lab

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HUMATE / MANURE AND NON-USCC STA COMPOST SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

LAB USE ONLY	
LAB N ^{OS} FROM _____	TO _____
DATE RECEIVED: _____	
BY: _____	

CLIENT ID: _____

BILL / CHARGE CONSULTANT COMPOSTER

CONSULTANT NAME:		P/O N ^o :
TELEPHONE N ^o :	E-MAIL:	
COMPANY:		
ADDRESS:		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

COMPOSTER CONTACT NAME:		
TELEPHONE N ^o :	E-MAIL:	
COMPOSTER / COMPANY:		P/O N ^o :
ADDRESS		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

SEND REPORTS TO: CONSULTANT COMPOSTER BOTH

DATE SAMPLES TAKEN:	SAMPLES TAKEN BY:
LOCATION:	

PROBLEMS OR COMMENTS: _____

SAMPLE TYPE	
<u>C</u> OMPOST <u>M</u> ANURE <u>H</u> UMATE <u>O</u> ther	
PRESERVATION (PRES.)	
<u>N</u> ONE <u>I</u> CE / GELL <u>D</u> RY ICE	
COMPOST APPLICATION (APPL.)	
<u>P</u> = POTTING MIX	
<u>T</u> = TOP DRESSING TO BE INCORPORATED INTO THE SOIL	
<u>M</u> = MULCH	

LINE	LAB NO. LAB USE ONLY	YOUR SAMPLE I.D. MAX. 6 CHARS.	TIME SAMPLES TAKEN	SAMPLE TYPE C M H O	PRES. N I D	APPL. P T M	COMMENTS / FEEDSTOCKS USE ADDITIONAL PAGES IF NECESSARY.
1			:				
2			:				
3			:				
4			:				
5			:				
6			:				
7			:				
8			:				
9			:				
10			:				
11			:				
12			:				
13			:				
14			:				
15			:				
16			:				
17			:				
18			:				
19			:				
20			:				

Compost – Humate – Manure Analysis Order

SEE FEE SCHEDULE FOR AVAILABLE TESTS AND PRICES

LINE	TEST No.	PRICE	TEST No.	PRICE	TEST No.	PRICE	TEST No.	PRICE	LINE TOTAL
1		\$		\$		\$		\$	\$
2		\$		\$		\$		\$	\$
3		\$		\$		\$		\$	\$
4		\$		\$		\$		\$	\$
5		\$		\$		\$		\$	\$
6		\$		\$		\$		\$	\$
7		\$		\$		\$		\$	\$
8		\$		\$		\$		\$	\$
9		\$		\$		\$		\$	\$
10		\$		\$		\$		\$	\$
11		\$		\$		\$		\$	\$
12		\$		\$		\$		\$	\$
13		\$		\$		\$		\$	\$
14		\$		\$		\$		\$	\$
15		\$		\$		\$		\$	\$
16		\$		\$		\$		\$	\$
17		\$		\$		\$		\$	\$
18		\$		\$		\$		\$	\$
19		\$		\$		\$		\$	\$
20		\$		\$		\$		\$	\$

PAYMENT / CHARGE SHEET

TOTAL CHARGES: \$

PAYMENT METHOD: CASH

CHECK

NUMBER:

CREDIT CARD ORDER

To help protect your privacy, the following may be telephoned or FAXed:

VISA

MasterCard

Discover

American Express

CARD Nº:	EXP. DATE: /	CODE:
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NAME ON CARD:

BILLING ADDRESS:

TOWN:

STATE / PROVINCE:	ZIP / POSTAL CODE:
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COUNTRY (If not U.S.A. or Canada):
