



Soil and Plant Tissue Testing Laboratory

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RESEARCH SAMPLE ANALYSIS FOR UMASS RECHARGE - Complete Recharge information requested below.

Main Contact:	Principal Investigator:	Method of receiving results <input type="checkbox"/> US Mail (Please include \$2 for postage and handling) <input type="checkbox"/> E-mail <input type="checkbox"/> Copy Results to PI
Name:	Name:	
Business Name:	UMass Department	
Address:	Address:	
City, State, Zip	City, State, Zip	
Phone:	Phone:	
Email address:	Email address:	

Lab# (Leave blank)	Sample ID: (You create this)	Total C (\$8)	Total N (\$8)	Other (Please list)	Fee
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

GL Unit	Speed Type	Account Code	Fund Code	Amount	GL Unit	Speed Type	Account Code	Fund Code	Order #
A					A	104913	699900	51069	
Dept. ID:		Project/Grant:			Signature:				