



**William H. Miner Agricultural Research Institute**

**Milk Laboratory**

586 Ridge Rd., Chazy, NY 12921

[milklab@whminer.com](mailto:milklab@whminer.com)

(518) 846-7121

[www.whminer.org](http://www.whminer.org)

**Supply Request Form**

<b>Bill To:</b>	Name: _____
	Attention: _____
	Street Address: _____
	City, State, Zip: _____
	Phone #: _____
	Email: _____

<b>Ship To:</b>	Same as Bill To
	Name: _____
	Attention: _____
	Street Address: _____
	City, State, Zip: _____
	Phone #: _____
	Email: _____

Item	Cost per Unit (\$)	Quantity Requested	Total (\$)
2 oz. sample vial with preservative (Microtab II)	\$1.00*		
12-vial kit (12 vials, preservative, 11"x9"x12" cooler, 8 gel packs, forms)	\$30.00*		
24-vial kit (24 vials, preservative, 13"x11"x12" cooler, 10 gel packs, forms)	\$35.00*		
Other:			
<b>Total</b>			

\*Shipping will be invoiced unless a FedEx or UPS Account # is provided

Notes:
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<b>Milk Laboratory Use</b>	
Date Shipped _____	Shipping \$ _____
Tracking Number _____	Initials _____