



NURSERY STOCK NEMATODE CERTIFICATION REPORT/BILLING FORM

COUNTY	MONTH/YEAR	CONTRACT #
--------	------------	------------

A. SOIL TREATMENT SUPERVISION

NURSERY	DATE	SITE #	ACRES / UNITS	HOURS	TRAVEL TIME	TOTAL HOURS	COST

B. NEMATODE SAMPLE COLLECTION

NURSERY	DATE	SITE #	ACRES / UNITS	# SAMPLES	HOURS	TRAVEL TIME	TOTAL HOURS	COST

C. COMMODITY TREATMENT SUPERVISION

NURSERY	DATE	CROP	UNITS TREATED	HOURS	TRAVEL TIME	TOTAL HOURS	COST

D. NEMATODE SAMPLE PROCESSING

NURSERY	DATE	SITE #	# SAMPLES	TOTAL HOURS	COST

INVOICE NUMBER	INVOICED AMOUNT	COST
	A. Soil Treatment Supervision	
	B. Nematode Sample collection	
	C. Commodity Treatment Supervision	
	D. Nematode Sample Processing	
	GRAND TOTAL	

