



## Unknowns Testing Form

### **Billing Information**

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Campus Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

State Account # or Research Grant #: \_\_\_\_\_

MP2# (if applicable): \_\_\_\_\_

***Invoices will automatically be charged to the above account # with supporting documentation copies to follow in the mail. If you do not have a state or research account, an invoice will be mailed to your billing department for immediate payment via a check. Please note that current NYS Administrative Overhead fees will be added for all check payments.***

Authorized Account Signatory Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Fee Schedule:**

\$25 vendor characteristic testing fee per container

\$25 vendor labor charge per test conducted

Up to \$27.50 regulatory manifesting fee

Total number of containers received: \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_ + ~\$27.50

Received by (EHS staff/contractor): \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building: \_\_\_\_\_ Room: \_\_\_\_\_

PI/Supervisor \_\_\_\_\_

EHS – attach a copy of the completed [Chemical Waste Disposal Manifest](#) to this form.

☐ - EHS account verification \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_