

HEART OF AMERICA DHIA

EMPLOYEES REPORT FOR BILLING AND PAYMENT

HERD NAME: _____ DATE OF TEST: _____

GENERAL INFO: (circle appropriate response)

Lab tests:	BF/P	SCC	MUN (all)	No Samples Collected
HOA meters used:	Y or N			MUN Group samples:
DRPC:	NONE	DRMS	PROVO	AGRI-TECH
UPS Return Labels:	Number of packages: _____			

NUMBER OF COWS: _____ **NUMBER OF SAMPLES:** _____

EMPLOYEE NAME *	ID NUMBER	MILES DRIVEN	HOURS WORKED	HOURLY RATE	OTHER ** EXPENSES

** attach receipts for meals, motel, shipping

* FOR NEW EMPLOYEES: Attach forms W-4, I-9, and blank check for direct deposit

NEW EMPLOYEE NAME	MAILING ADDRESS	SOCIAL SECURITY #
Bank ABA & Account Number:		

I hereby submit the above information and certify that it is true and accurate to the best of my knowledge.

Lead Technician Signature: _____