



**FEE PAYMENT FORM for
Virginia Laboratory Certification Programs**

Laboratory Name: _____
EPA Laboratory ID: _____ **Virginia Laboratory ID:** _____ **Date:** _____

Payment Amount: _____

- Reason For Payment: VELAP Fees in full
 VELAP Fees – partial balance due
 VELAP Fees – additional tests requested
 Other : _____

Drinking Water Laboratory Certification Program

- Microbiology
 Inorganic Chemistry
 Organic Chemistry
 Radiochemistry

 Tuning Fork Laboratory Certification Program

If you require a receipt, please request it in writing with your payment. Thank you.

- Method of Payment: Payment by **check payable to "Treasurer, Commonwealth of Virginia"**
(Mail To: Attn: Lab Certification, DCLS, 600 North 5th Street ; Richmond, VA 23219)
 Payment by **credit card** - please sign and include the information below
(Mail to address above OR fax to (804)692-0416)

Credit Card Type: Visa Mastercard

Credit Card Account Number: _____ Expiration _____ / _____

3 Digit Code On Back of Credit _____ Credit Card Billing Zip Code: _____ - _____

Cardholder Name (please print)

Cardholder Signature

Date

Daytime Phone

[DGS Fiscal Use Only: Cost Code: 211 Fund Code: 0501]