



# Kankakee Grain Inspection, Inc



702 N East Street  
Essex, IL 60935  
(815) 365-2268  
Fax (815) 365-2628

## CUSTOMER SUBMITTAL FORM

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: STREET: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SAMPLE ID('S): \_\_\_\_\_

TYPE OF SERVICE REQUESTED: GRADE *or* FACTOR ONLY \_\_\_\_\_ OTHER \_\_\_\_\_

Mycotoxin test(s) needed: **AFLATOXIN VOMITOXIN FUMONISIN ZEARALENONE**

Are exact ppb or ppm required? YES NO

***Note, an additional \$30.00 fee may be required for vomitoxin testing if result is over 5.4ppm.  
Supplemental test required to certify any result over 5.4ppm.***

FORM OF PAYMENT: ON ACCT CASH CHECK (PAYABLE TO: KANKAKEE GRAIN INSPECTION)

AMOUNT RECEIVED \_\_\_\_\_

SEND RESULTS TO: EMAIL PHONE FAX

OFFICE USE ONLY:

CUSTOMER #: \_\_\_\_\_