



Info we need to prepare your NUTRITION FACTS PANEL

Analysis results and a camera-ready Nutrition Facts Panel (TIF format) will be emailed or faxed only to the email/number provided.

Please allow at least two weeks for processing.

In order to create the nutrition facts panel for your product(s), the following information is required:

- 1) Recipe/formula with **all** ingredients with accurate measurement/weight (i.e., grams, pounds, ounces, etc. - household measure is acceptable).
- 2) Total (gross) weight/volume of batch before cooking (average of several batches)
- 3) Net batch yield/weight/volume after cooking (average of several batches)
- 4) Container/package size(s)
- 5) Sample of your product

Type/print required information, sign and mail with payment to the address below. Orders with credit card payment may be faxed to 706/583-0992 – be sure your name and the product name appear on all pages!

Mail to:

Nutrition Facts Panel
UGA Extension Food Science
240A Food Science Building
100 Cedar Street
Athens, GA 30602-2610

FAX to: 706/583-0992
FAX accepted only when
paid by credit card

Phone: 706/542-2574
Website: www.EFSonline.uga.edu

****Check or money order requests that do not include sales tax will be held until the balance of the payment is received. Sales tax will be figured into credit card payments and a receipt will be issued.**

NUTRITION FACTS PANEL (IN-STATE)

Payment in advance is required – check or money order made payable to the *University of Georgia*, or provide credit card authorization information below.
Product will not be shipped without full payment.

<i>Service/Item</i>	<i>Cost</i>	<i>Total</i>
Nutrition Facts Panel for one recipe/formula, one size container	\$75.00	
List additional container sizes here:	add \$40.00 for each additional container size	
SUBTOTAL OF ORDER		
** Georgia Sales Tax (your county's is ____%)		
TOTAL OF ORDER		\$
Payment Method		
___ Check No. ___ or money order for \$_____ payable to the <i>University of Georgia</i>		
___ Visa	___ MasterCard	___ Discover
___ AmEx		
Card number:		
Expiration date (MM/YY):		
Signature:		
Print name of signer:		
Contact Info:		
Name:		
Mailing Address:		
Street Address:		
City/State/Zip:		
Phone/Cell:		
Email:		