

Revised Date: 01-01-2022
Number:

PILOT PLANT ACTIVITY FORM
Please submit upon scheduling project
TO: PILOT PLANT MANAGER

Date:		Source of Funds:	
Fund Code:		Flex #:	
Program Code:		Project #:	
Account #:		CRIS #:	

PI Signature & Authorization Approval

Authorization Approval UF ID #

Company/Username: _____

Contact Information: _____

Description of work requested

Pilot Plant Cost Recovery User Fees (\$)						
	Internal Users	External Research Academic Users	Market Users	Units of use (day= 8hrs.)	Min. Billable Use**	Usage Amount
Juice Processing with evaporation	\$ 500.00	\$ 1,046.20	\$ 4,931.90	day	1	*
Juice Processing with no evaporation	\$ 400.00	\$ 785.40	\$ 4,039.20	day	1	*
Packinghouse Services	\$ 200.00	\$ 596.90	\$ 2,089.40	day	0.5	*
Juice Quality Analyses	\$ 137.00	\$ 248.40	\$ 534.10	hour	3	*
Fresh and Squeeze Juicing†	\$ 25.00	\$ 50.00	\$ 250.00	hour	1	*
Juice Color	\$ 10.30	\$ 27.20	\$ 109.10	hour	1	*
Scott Oil Analyses	\$ 10.20	\$ 20.40	\$ 112.20	hour	1	*
Additional Fees:						
* Minimum applies to cover preparation and cleaning of equipment.						
** Minimum Usable for billing.						
† Requires °Brix and %Acid hand sampling for Juice Quality Analyses.						

Cost: \$ _____ Terms Accepted by PI: _____ PPM: _____

Additional Information/Comments:

Work Complete Date

Funds transferred Date