PILOT PLANT ACTIVITY FORM

Please submit upon scheduling project TO: PILOT PLANT MANAGER

PI Signature & Authorization Approval

Authorization Approval UF ID #

Company/Username:

address:

Contact Information:

Phone / Extension:

Description of work requested

Variety: Location (Field/Block):

No. of Samples:

	Pil	ot Plant Co	ost l	Recovery U	Jser Fees (\$)			
				External				
Please Circle the service(s) you are requesting.		Internal		Research	Market	Units of use	Min. Billable	Usage
				cademic				
		Users		Users	Users	(day= 8hrs.)	Use**	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 (Bris/Acid/LB Solids)	\$	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	d clear	ing of equ	ipm	ent.				
** Minimum Usable for billing.								
+ Requires %Brix and Acid hand sampling for	⁻ Juice	Quality Ar	nalys	ses.				

Cost: \$ _____ Terms Accepted by PI: _____

PPM:_____

Additional Information/Comments:

Work Complete

Date

Funds transferred

Date

Revised Date: 01-01-2025 Number:

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