

ITGAP CERTIFICATE TRACKING

GROWER INFORMATION

Name: _____

Address: _____

Tel: _____

Fax: _____

E-Mail: _____

Manager: _____

VARIETY:

PRODUCTION FARM
NAMES: _____

ONE VARIETY PER PAGE

VARIETY (Patented)

TifEagle
 TifSport
 TifGrand
 SI 2000

VARIETY (Non-Patented)

Tifway 419

CERTIFICATE NUMBER	Harvest Date:	FIELD NUMBER:	QTY SOLD		INVOICE NUMBER:	Total price (F.O.B.) Grass Only:	Conversion to USD:	TOTAL ROYALTY:
			Sprigs (Bu)	Sod (m²)				
		TOTALS:						