Alternative Labeling Report

NC Crop Improvement Assocation (919)515-2851
PO Box 33008, Raleigh, NC 27636 nc_cia@ncsu.edu

Beginning Inventory

Date ________

Tags ________

Name of Condition Facility ________

Street Address ________

City, State Zip ________

Phone # ________ Email ________

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Type of bag Used: ________

Date	Kind	Variety	Lot#	Gen.	**Lab Annalysis Sent to NCCIA	Field Insp. Report #	Weight Shown on Tag	Units per Tag (how many 140K or 50# units)	Tags Used	Tags Damaged (mis-printed/ extra tagging)	Total Tags Used
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0
									0	**0**	**0**

*** Indicate carryover tags on report**

****Please Attached All Copied Forms before Submitting Report (ex: Germ Report if not sent to NCCIA)**

***** Attach a copy of one tag from each tagged seed lot submitted**

Signed: ________

Date: _____

Ending Inventory

Date _____

Tags 0

_____

	Office Use Only
***Unsold/ Returned Tags**	**SAMPLE # / File #**

_____