



Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Fee Payment Form

Laboratory Name: _____ **VA Lab ID:** _____

Contact Name: _____ **Date:** _____

Invoice Number: _____ Payment Amount: _____

- Program: ☐ VELAP Commercial Laboratory (1VAC30-46)
☐ VELAP Non-Commercial Laboratory (1VAC30-45)
☐ SDWA Drinking Water Laboratory (1VAC30-41)
☐ Tuning Fork Certification

Payment Portal [for all check or credit card payments]: <https://cert.dgs.virginia.gov>

Alternate Methods of Payment:

- ☐ Payment by check payable to: "Treasurer, Commonwealth of Virginia"
Mail To: Attn: Laboratory Certification, DCLS, 600 N 5th St; Richmond, VA 23219

- ☐ Payment by a non-routine* process:
**For non-routine payment processes, provide documentation of completed transfer of funds prior to the invoice due date for the payment to be credited to the laboratory's account without disruption to certification services.*

☐ Inter-Agency Transfer

☐ Direct Bank Transfer

☐ Any other payment made DIRECTLY to DGS Fiscal Services, specify: _____

- ☐ Payment by **credit card** – Contact Lab_Cert@dgs.virginia.gov or (804)648-4480 if Payment Portal cannot be used; then mail to the address listed above or fax to (804) 692-0416.

Credit Card Type: ☐ Visa ☐ Mastercard

Credit Card Account Number: _____ Expiration: _____ / _____

3 Digit Code On Back of Card: _____ Credit Card Billing Zip Code: _____ - _____

Cardholder Name (please print)

Cardholder Signature

Date

Daytime Phone

[DGS Fiscal Use Only: Codes: Cost 268 / Fund 0501 / Revenue Source Code VELAP-02600 DW-02655 TF-09060]