



Organic Input Material Formula Sheet

Date: _____

Firm Name & Firm ID#		Product Name & Product ID#			
Ingredient (Product Name)	Generic Name	Percentage (%) in final product	Supplier Name/Address	Manufacturer Name/Address	Purpose of Ingredient
FINAL *		100%*			

NOTE: All ingredients (including additives and processing aids) must be disclosed on this form.

* Combined percent must total 100%

Final product is manufactured/produced at the following location: _____