



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

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

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



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FINAL *		100%*			

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* Combined percent must total 100%

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