KT SCREENING SERVICES
2032 East Kearny Street, Springfield, MO 65803

417.832.8678
Mon-Fri 8am-4pm CST

KT Screening Services Charge Slip

Employee Information

Employee Name: _____ Date: _____

Driver's License Number & State: _____

Company Name: _____ Account ID: _____

Specific Testing Authority:

Type of Procedure (Check & Circle all that apply)

☐ DOT Physical

☐ Non-DOT Physical

☐ DOT Drug Screen

☐ Non-DOT Drug Screen

☐ DOT Breath Alcohol

☐ Non-DOT Breath Alcohol

☐ Clearinghouse Query

☐ Back Eval – LiftTest

☐ Non-DOT Rapid Test

Comments: _____

Signed Authorization: _____

By Signing this authorization, company agrees to KT Screening Services payment terms

Employee Pays: $_____

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