



<div style="text-align: center;"> <p>1 cm</p> <p>FIELD DATA SLIP</p>  <p>CM23- 27111</p> </div>	<p>Species _____</p> <p style="text-align: right; font-size: small;">Comments/Microscopic Data on back []</p>
<p>Date: _____</p> <p>State: _____</p> <p>County: _____</p> <p>Foray ID: _____</p>	<p><u>Field Photos:</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Substrate:</u></p> <p><i>Wood</i></p> <p><input type="checkbox"/> Dead <input type="checkbox"/> Living</p> <p><input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood</p> <p><input type="checkbox"/> Soil</p> <p><input type="checkbox"/> Leaf Litter</p> <p><input type="checkbox"/> Moss</p> <p><input type="checkbox"/> Needle Duff</p> <p><input type="checkbox"/> Grass</p> <p><input type="checkbox"/> Dung</p> <p><input type="checkbox"/> _____</p>
<p>Site Name: _____</p> <p>MO/iNat #: _____</p>	<p><u>Nearby Trees</u></p> <p><input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer</p> <p><input type="checkbox"/> Other/Species: _____</p> <p><u>Habit</u></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many</p> <p><u>Odor</u></p> <p><u>Taste</u></p>
<p>Collected By: _____</p> <p>ID Verified By: _____</p>	


#27111


Voucher Label for Drying


#27111


Tissue Label


1 cm	
<div> <div>FIELD DATA SLIP</div> <div>  </div> <div>CM23-27112</div> </div>	
<div> <div> <div>Species</div> <div>Comments/Microscopic Data on back []</div> </div> </div>	
<div> <div> <div>Field Photos:</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div> <div>Substrate:</div> <div> <div>Wood</div> <div> <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____ </div> </div> </div> </div>	
<div> <div> <div>Nearby Trees</div> <div> <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____ </div> </div> <div> <div>Habit</div> <div> <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many </div> </div> </div>	
<div> <div> <div>Odor</div> <div>Taste</div> </div> </div>	
<div> <div> <div>Date:</div> <div>State:</div> <div>County:</div> <div>Foray ID:</div> </div> </div>	
<div> <div> <div>Site Name:</div> <div>MO/iNat # :</div> </div> </div>	
<div> <div> <div>Collected By:</div> <div>ID Verified By:</div> </div> </div>	
<div> <div> <div>#27112</div> <div>Voucher Label for Drying</div> </div> <div> <div>#27112</div> <div>Tissue Label</div> </div> </div>	


FIELD DATA SLIP		Species	Comments/Microscopic Data on back []
 CM23-27113		Field Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Substrate: Wood <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____	
Nearby Trees <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____		Habit <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many	
Odor		Taste	
Date:		Collected By:	
State:		ID Verified By:	
County:			
Foray ID:			
Site Name:			
MO/iNat # :			
#27113 Voucher Label for Drying		#27113 Tissue Label	

FIELD DATA SLIP		Species	Comments/Microscopic Data on back []
 CM23-27114		Field Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Substrate: Wood <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____	
Nearby Trees <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____		Habit <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many	
Odor		Taste	
Date:		Collected By:	
State:		ID Verified By:	
County:			
Foray ID:			
Site Name:			
MO/iNat # :			
#27114 Voucher Label for Drying		#27114 Tissue Label	

1 cm	
FIELD DATA SLIP  CM23-27115	
Date: State: County: Foray ID: Site Name: MO/iNat #:	Species _____ Comments/Microscopic Data on back [] Field Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No Substrate: Wood <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____ Nearby Trees <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____ Habit <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many Odor Taste
Collected By:	ID Verified By:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> #27115 <small>Voucher Label for Drying</small> </div> <div style="text-align: center;"> #27115 <small>Tissue Label</small> </div> </div>	

1 cm	
FIELD DATA SLIP  CM23-27116	
Date: State: County: Foray ID: Site Name: MO/iNat #:	Species _____ Comments/Microscopic Data on back [] Field Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No Substrate: Wood <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____ Nearby Trees <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____ Habit <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many Odor Taste
Collected By:	ID Verified By:
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> #27116 <small>Voucher Label for Drying</small> </div> <div style="text-align: center;"> #27116 <small>Tissue Label</small> </div> </div>	

1 cm	
FIELD DATA SLIP  CM23-27117	
Date: State: County: Foray ID: Site Name: MO/iNat #:	Species _____ Comments/Microscopic Data on back [] Field Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No Substrate: Wood <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____ Nearby Trees <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____ Habit <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many Odor Taste
Collected By:	ID Verified By:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> #27117 <small>Voucher Label for Drying</small> </div> <div style="width: 45%; text-align: center;"> #27117 <small>Tissue Label</small> </div> </div>	

1 cm	
FIELD DATA SLIP  CM23-27118	
Date: State: County: Foray ID: Site Name: MO/iNat #:	Species _____ Comments/Microscopic Data on back [] Field Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No Substrate: Wood <input type="checkbox"/> Dead <input type="checkbox"/> Living <input type="checkbox"/> Conifer <input type="checkbox"/> Hardwood <input type="checkbox"/> Soil <input type="checkbox"/> Leaf Litter <input type="checkbox"/> Moss <input type="checkbox"/> Needle Duff <input type="checkbox"/> Grass <input type="checkbox"/> Dung <input type="checkbox"/> _____ Nearby Trees <input type="checkbox"/> Hardwood <input type="checkbox"/> Conifer <input type="checkbox"/> Other/Species: _____ Habit <input type="checkbox"/> Single <input type="checkbox"/> Few <input type="checkbox"/> Many Odor Taste
Collected By:	ID Verified By:
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> #27118 <small>Voucher Label for Drying</small> </div> <div style="width: 45%; text-align: center;"> #27118 <small>Tissue Label</small> </div> </div>	