

POCATELLO SUPPLY DEPOT ORDER FORM

Please furnish in accordance with instructions below the following items, and charge same to my account, payment therefor to be made promptly upon delivery and receipt of invoice.

SHIP TO (Name and Address of Consignee)	VIA
INVOICE TO	PESTICIDE APPLICATOR LICENSE NO.
CHARGED TO: (Show Appropriation Number, if applicable)	

Item No.	Description of Supplies (For pesticides, list name and APHIS registration number)	Quantity	Size Containers	Unit Price and Unit	Amount
				\$	\$
TOTAL					\$

REQUESTED BY	FORM PREPARED BY
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ADDRESS	TELEPHONE NUMBER	DATE
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SIGNATURE OF APPROVING STATE DIRECTOR, ADC, APHIS, USDA	DATE
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MAIL OR FAX ORIGINAL TO:

POCATELLO SUPPLY DEPOT
 238 E. DILLION STREET, POCATELLO, IDAHO 83201
 COMMERCIAL: (208) 236-6920
 FAX: (208) 236-6922

FOR SUPPLY DEPOT USE ONLY	
INVOICE NO	BIL NUMBER
SHIPPED BY	DATE SHIPPED
INVOICED BY	