## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

THROUGH: (Name, Address, and Telephone of State Director)

## POCATELLO SUPPLY DEPOT ORDER FORM

alivery and re	in accordance with instructions below the fo	ollowing items, and	charge same to n	ny account, payr	ment therefor to be m	ade promptly							
delivery and receipt of invoice. SHIP TO (Name and Address of Consignee) INVOICE TO					PESTICIDE APPLICATOR LICENSE NO								
							IARGED TO:	Show Appropriation Number, if applicable)					
							m No.	Description of Supplies (For pesticides, list name and APHIS registra	ition number)	Quantity	Size Containers	Unit Price and Unit	Amount
					\$	\$							
			TOTAL \$			\$							
EQUESTED BY			FORM PREPARED BY										
DDRESS			TELEPHONE NUMBER			DATE							
GNATURE OF APPROVING STATE DIRECTOR, ADC, APHIS, DATE SDA			FOR SUPP	LY DEPOT USE ONLY									
		INVOICE NO		BIL NUMBER									
OR FAX O	RIGINAL TO:												
POCATELLO SUPPLY DEPOT			SHIPPED BY	SHIPPED BY DATE SHIPP		DATE SHIPPE							
238 E. DILLION STREET, POCATELLO, IDAHO 83201 COMMERCIAL: (208) 236-6920													
200 2	COMMEDCIAL (200) 226 6020												