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OMB Approved
0579-0335
EXP XX/XXXX

**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

Please furnish in accordance with instructions below the following items, and charge same to my account, payment there for to be made promptly upon delivery and receipt of invoice.
SHIP TO (Name and Address of Consignee)

VIA

INVOICE TO

PESTOCODE APPLICATOE LICENSE NUMBER

CHARGED TO: (Show Appropriation Number, if applicable)

Item Number	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										
ADDRESS	TELEPHONE NUMBER	DATE									
SIGNATURE OF APPROVING STATE DIRECTOR, WS, APHIS, USDA	DATE	<table border="1" style="width: 100%;"> <tr> <th colspan="2">FOR SUPPLY DEPOT USE ONLY</th> </tr> <tr> <td>INVOICE NUMBER</td> <td>B/L NUMBER</td> </tr> <tr> <td>SHIPPED BY</td> <td>DATE SHIPPED</td> </tr> <tr> <td colspan="2">INVOICED BY</td> </tr> </table>		FOR SUPPLY DEPOT USE ONLY		INVOICE NUMBER	B/L NUMBER	SHIPPED BY	DATE SHIPPED	INVOICED BY	
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INVOICE NUMBER	B/L NUMBER										
SHIPPED BY	DATE SHIPPED										
INVOICED BY											
MAIL OR FAX ORIGINAL TO:											
<p>POCATELLO SUPPLY DEPOT 238 E. DILLION STREET, POCATELLO, IDAHO 83201 COMMERCIAL: (208) 236-6920 FAX: (208) 236-6922</p>											