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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

FOR SUPPLY DEPOT USE ONLY

INVOICE NUMBER

B/L NUMBER

MAIL OR FAX ORIGINAL TO:

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

SHIPPED BY

DATE SHIPPED

INVOICED BY