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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0335. The time required to complete this information collection is estimated to average .065 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | | | | | | | | **OMB Approved**  0579-0335  EXP XX/XXXX | | |
| **United States Department of Agriculture**  **Animal and plant health inspection service**  **Wildlife services**  **Pocatello supply depot order form** | | | | Through: *(Name, Address, and Telephone of State Director)* | | | | | | |
| 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 | | | | | | | |

WS FORM 17 *Previous edition may be used.*

JAN 2011