

VENDOR INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Vendor Contact: \_\_\_\_\_ Email address: \_\_\_\_\_

SHIPPING INFORMATION

Name: University of California Cooperative Extension \_\_\_\_\_ (County Name)  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

INVOICE INFORMATION

Name: University of California Cooperative Extension \_\_\_\_\_ (County Name)  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Technical Contact Name: \_\_\_\_\_ Agreement #: \_\_\_\_\_

Terms: Net 30 Date Required: \_\_\_\_\_ Pricing Reference: \_\_\_\_\_

Line #	Quantity	Unit	Description	Catalog/Part #	Unit Price	Total Price
1						
2						
3						
4						
5						
6						

Comments:

Sales Tax

**TOTAL**

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

APPROVAL

\_\_\_\_\_  
County Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name