



PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: AGENCY/SHIPPING INFORMATION

| | |
|------------------------|--------|
| NAME | COUNTY |
| ADDRESS | |
| CITY, STATE & ZIP CODE | PHONE |

Shipping to: (Leave blank if same as Agency Information)

| | |
|------------------------|--------|
| NAME | COUNTY |
| ADDRESS | |
| CITY, STATE & ZIP CODE | PHONE |

Section 2: AGENCY/SHIPPING INFORMATION

| | | | |
|---------------------|---------------------|-----------------------------|---|
| Pack \$11.00 | Box \$220.00 | Shipping Method: UPS | Delivery Time: 5-7 Business Days |
|---------------------|---------------------|-----------------------------|---|

| BOX OR PACK | QTY | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|-------------|-----|-------------|-----------------|------------|
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| | | | SUBTOTAL | |
| | | | TOTAL | |

To check the status of your order, send an email to vradmins@dpdph.ga.gov.