

USDA - AMS BULK ORDER FORM



First Name: Last Name: Email: Area Office OIC	Name:	Field Office/Insp. Point: Office Phone Number: Office Fax Number: Area Office OIC Signature:					
PRODUCT ID#	DESCRIPTION	SIZE	SLEEVE (L/S)	QUANTITY	UNIT PRICE	TOTAL COST	
	2 -2 -2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						
OUTERWEAR							
PRODUCT ID#	DESCRIPTION	SIZE	COLOR	QUANTITY	UNIT PRICE	TOTAL COST	
ACCESSORIES	DESCRIPTION	CIZE	COLOD	OLIANITITY	LINIT DDICE	TOTAL COST	
PRODUCT ID#	DESCRIPTION	SIZE	COLOR	QUANTITY	UNIT PRICE	TOTAL COST	
		GRAND TOTAL					
	Branch Chief approval needed for all Non-Full Time Permanent Employed						
		Branch Chief Name					
		Branch Chief Email					
		Branch C	hiet Email				
		Branch Chief	Signature				