



Special ORDER Request

491-7140

Cas_greenhouse@mail.colostate.edu

ORDER DATE: [CLICK TO SELECT DATE]

LAB/NAME [Contact Name]
INO [Company Name]

[City, ST ZIP Code]
[phone]
CSU Account # [No.]

VENDOR (IF KNOWN)	DUE DATE

QTY	ITEM #	DESCRIPTION	UNIT PRICE (IF KNOWN)	LINE TOTAL
SUBTOTAL				
S/H				
TOTAL				

*A MINIMUM 2 WEEKS ADVANCE NOTICE IS REQUIRED FOR SPECIAL ORDER REQUESTS. PGF IS NOT RESPONSIBLE FOR SHIPPING DELAYS, ITEMS ON BACK ORDER OR ORDER ERRORS. PLEASE BE SURE TO BE ITEM SPECIFIC, IF YOU NEED ORDERING ASSISTANCE PLEASE CONTACT PGF.

Authorized by

Date