

Mosquito's and You! Order Form
 Florida Department of Health in Volusia County
 121 W. Rich Ave., DeLand, FL 32720
 (386) 736-5583

NAME: _____
 COMPANY: _____
 ADDRESS, CITY, ST, ZIP: _____
 PHONE: _____ FAX _____
 EMAIL: _____
 SIGNATURE: _____

ITEM	QUANTITY	COST PER ITEM	TOTAL
Mosquito's and You! Training CD		\$20.00 – CD only	
Mosquito's and You! Workbook Workbook PreK – Grade 2		\$7.00 – PreK – Grade 2	
Mosquito's and You! Workbook Workbook Grade 3 – Grade 5		\$7.00 – Grade 3 – Grade 5	
Mosquito's and You! Teachers Manual		\$7.00 – Teachers Manual	
Quantity Purchase <u>20 or more</u> price as follows:			
Mosquito's and You! Training CD		\$13.00 – CD only	
Mosquito's and You! Workbook		\$5.00 – PreK – Grade 2	
Mosquito's and You! Workbook		\$5.00 - Grade 3 – Grade 5	
Mosquito's and You! Teachers Manual		\$5.00 - Teachers Manual	
Expedited Shipping		\$25.00	
Rush order		\$35.00	
Grand Total			
TO BE PAID WITH US FUNDS ONLY			

CODING FOR FLORIDA COUNTY HEALTH DEPARTMENTS SAMAS

SAMAS Journal Transfer: Please use the following Benefiting Codes...

BF-ORG: 64-39-64-60-367

BF-EO: EV

BF-OBJ: 010300

BF-CAT: 001500

Benefiting JT information: 64-20-2-141001-64200700-64-001903-00

INVOICE#: (Invoice Number from above.)

NOTE: Please forward a copy of the VOUCHER SCHEDULE by which this payment is made. We will not credit your account until evidence of the transfer is received.

CODING FOR JOURNAL TRANSFERS (for other Florida State Agencies)

VENDOR ID # 64-20-2-141001-64200700-64-001903-00

BF CAT 001903

BF YR 00

Method of Payment: Check # _____ MasterCard Visa AMEX

Account # _____ Exp Date: _____

Cardholder Name: _____

Signature: _____

PLEASE FAX THIS FORM BACK TO: (386) 274-0698
Attn: Dawn M. Hewitt