

# Mosquito's and You! Order Form

Volusia County Health Department  
 121 W. Rich Ave., DeLand, FL 32720  
 (386) 736-5583



**Public Health**  
 Prevent. Promote. Protect.

Volusia County Health Department  
 Environmental Health

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	
<b>Quantity Purchase <u>20 or more</u> price as follows:</b>			
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	
<b>Grand Total</b>			
<b>TO BE PAID WITH US FUNDS ONLY</b>			

**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) 736-5581**

