**Seed Order Form Bend Seed Extractory**

*Please send completed forms to sehill@blm.gov*

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| **Requestor Information** | **Receiver Information** | **Payment Information** |
| DATE ORDERED:  | DATE NEEDED: | BILLING CONTACT: |
| NAME:  | NAME:  | BILLING EMAIL: |
| EMAIL:  | EMAIL: | BILLING PHONE |
| PHONE: | PHONE: | \*If paying with credit card/check provide agency Tax ID# |
| FOREST/UNIT NAME: | ADDRESS: | \*If paying with IAA, provide IAA# |
| **Please describe in detail how returned seed will be used, i.e. common garden study, restoration project, academic partnership, etc:**  |
| **Lot ID***(SOS Seed Collection Reference Number)* | **Species** | **Source Code***(Bend Seed Extractory code)* | **Pounds to Ship** | **Comments** |
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| \*Seed orders must be in pounds |
| Need help filling out this form? Please contact Sarah Hill at shill@blm.gov |