**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 | | | | |