



**N.C. FOREST SERVICE
GSA PURCHASING PROGRAM FOR FIRE DEPARTMENTS**



Name of Department: _____ Purchase Order# (if applicable): _____

Fire Dept Billing Address: _____

County: _____

Name of Chief: _____

Email address: _____

Contact Person: _____ Daytime Telephone No.: _____

1
2
3
4
5
6
7
8
9
10

NSN# (13-digit)	DESCRIPTION, COLOR AND SIZE	QTY	PRICE EACH	TOTAL

RETURN TO : N.C. FOREST SERVICE– 2411 Old US 70 W- Clayton NC 27520 or Fax to 919-553-4486.

*** NO RETURNS OR EXCHANGES ALLOWED *** MAKE SURE THE ITEM# MATCHES THE DESCRIPTION

Signature of Fire Chief: _____ Date: _____

DO NOT SEND PAYMENT WITH ORDER. YOU WILL BE INVOICED.

Fire Dept is responsible for payment once invoiced.

ORDER TOTAL _____

Order must not exceed \$4,500.00

*NO SHIPPING CHARGES OR TAXES APPLY.

FOR OFFICE USE ONLY

CHECK AMOUNT: _____

CHECK NUMBER: _____

Attach another order form if more space is needed. If you have any questions please call 919-553-6178 Ext. 221

http://ncforestservice.gov/fire_control/fc_gsa.htm.