

Author Request for Materials from the AgriLife Bookstore

Please fax completed form to the AgriLife Bookstore at 979-458-0172.

Date of Request: _____
From: _____
Phone: _____
Email: _____

Ship To: _____
Address _____
Address _____
Address _____
City, St, Zip _____

Publication Number: _____
Publication Title: _____
Number of copies: _____
Author Name: _____

Publication Number: _____
Publication Title: _____
Number of copies: _____
Author Name: _____

These publications are intended to be:

Given as complimentary copies

Sold - Products must be sold for the price currently listed in the AgriLife Bookstore database.

Receipt books must be provided by the AgriLife Bookstore. Customers may pay by cash, check, or credit card (MasterCard or Visa only). All receipts require customer name, address and phone number. When making a credit card sale, collect the type of card, the card number, expiration date, name shown on the card, phone number and cardholder's address. Credit card payments are processed only by the AgriLife Bookstore. **All money and receipts must be turned in to the AgriLife Bookstore within 3 days to comply with Fiscal Office policy.**

For shipped orders, please complete D-1222 Mailing Request Form and include with this request.

Authors: Please complete this section when returning Money, Receipts, and Unsold Materials.

_____ Number of copies sold

_____ Number of copies returned to inventory

_____ Total Cash Sales

_____ Total Check Sales

_____ Total Credit Card Sales

_____ Total Amount Submitted to the AgriLife Bookstore

For Use by AgriLife Bookstore

Money and sales receipts received by: _____

Date: _____

Adjustments to inventory made by: _____

Date: _____

Author Request - Publication Continuation Sheet

Publication Number: _____
Publication Title: _____
Number of copies: _____
Author Name: _____

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Publication Title: _____
Number of copies: _____
Author Name: _____

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Texas AgriLife Extension Mail Service Request Form

From: AgriLife Bookstore Phone #: 979-845-6573 Date: _____

Account Number: _____ Account Administrator _____

To: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip +4 Code _____

Description of items mailed <input type="checkbox"/> Letter <input type="checkbox"/> Film, Slides, Tapes <input type="checkbox"/> Models <input type="checkbox"/> Educational Kits <input type="checkbox"/> Other (Describe) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Commercial Mail (Allocation Money) <input type="checkbox"/> Pay Postage (Operating Funds) <input type="checkbox"/> First Class <input type="checkbox"/> Priority Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/> Library Mail <input type="checkbox"/> Airmail	<input type="checkbox"/> UPS <input type="checkbox"/> Commercial <input type="checkbox"/> Residential Address <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day <input type="checkbox"/> UPS Second Day <input type="checkbox"/> Insured: _____
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Special Instructions: _____

Send back to Sharon Newland at 2113 TAMU

Amount of Mailing: \$ _____

Number of Pieces _____

Code Number: _____