GRI SEMEN ORDER FORM

Order Number: **Projected Date of Shipment:**

DATE OF ORDER: _____

FOR EXPORT? YES NO

If Yes, Where: _____

Ship to: *Name:* _____

Address: _____

_____

_____

Contact #: _____

Other Information: _____

_____

	Charge
Tank:	
Insurance:	
IHC Prep:	
IHC USDA:	
FedEx:	
Handling:	
D Goods:	
Freight:	
***Other:**	

***Description of Other:**

IHC Responsibilities

GRI: [ ] **Pre-Aprv:** [ ] for _____

GRI SEMEN

Bull Code	Registered Name	# Straws	Charge

Authorized by: _____

ACCOUNT INFORMATION

Account Name	Monetary Credit	In Semen		
		# Straws	From Acct	To Acct

Comments: _____

Invoice Status: **Invoice #:**