

PO#
(internal use only)
Date:

## **On-Line Ordering Form**

Customer Information:	
Veteran VA Employee	VA Employee Veteran (Both)
Name	
Date Cantee	en# or VA Hospital
Home Street Address	
City	State Zip
Phone Number (Home\Cell)	Work Number
E-mail Address	
Product Information:	
Brand/Manufacturer	Quantity
Item Description	
Item #/ Style#	Color
Price	
Brand/Manufacturer	Quantity
Item Description	
Item #/ Style#	Color
Price	
Payment Information:	VA Employees Only:
Pay with Credit Card	Pay with EPD
(Customer Service will contact you for your	Last 4 EPD# (Optional)
credit card payment over the phone.)	Last 4 SSN# (Required)

## Download this form and attach in an email to VCSEmailOrders@va.gov