

Please fill out the contact information, the quantity and price of the desired product. Price should be provided by authorized sales representative.

FROM / BILL TO	
Company	
Name	
Address	
Address	
Phone	

PURCHASE ORDER	
Date	
P.O. #	
Sales Rep	

VENDOR
AGRIVANCE, LLC
925 S Atlantic Blvd., 206B
Monterey Park CA 91754
sales@agrivance.com

SHIP TO (Leave it blank if same as "FROM")	
Company	
Name	
Address	
Address	
Phone	

REQUISITIONER	SHIP VIA	F.O.B.	SHIPPING TERMS	
ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
SGTi-flex COVID-19 IgM/IgG	Antibody Test Kit - Sugentech (25 Test / Kit)			
Allplex 2019-nCoV Assay	RT PCR Test Kit - SeeGene (124 Test / Kit)			
Other Comments or Special Instructions		SUB TOTAL		
		TAX RATE (9.5%)		
		TAX		
		SHIPPING		
		OTHER		
		TOTAL		

Authorized by _____

Date _____