



State of Wisconsin  
 Department of Administration  
 Document Sales and Distribution  
 4622 University Avenue  
 Madison, WI 53705-2156  
[docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us)

DOA-3330 (R4/2011)

## Document Sales Order

### Ordered By:

Name \_\_\_\_\_  
 Organization's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 P. O. Box \_\_\_\_\_  
 City, State and ZIP + 4 \_\_\_\_\_  
 Daytime Telephone ( ) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**To Order and/or for further Information please call:**  
 (608) 266-3358 or Long Distance: 1-800-DOC-SALE  
 (362-7253)

**FAX:** (608) 261-8150

Please make Check or Money Order payable to:  
**WI Department of Administration**

Open Monday through Friday, 7:45 am to 4:30 p.m.

**Inter-D Address:** DOA / 4622 University Ave. / DocSales

### Ship To: (if different from above)

Name \_\_\_\_\_  
 Organization's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 P. O. Box \_\_\_\_\_  
 City, State and ZIP + 4 \_\_\_\_\_

Stock Number	Quantity	Description	Item Price	Total
29D		2012 WPAM Volume 1 Text	\$60.35	
26D		WPAM Volume 2 Text and Divider Tabs	\$22.15	

State Government Customers Only	
General Services Billing Information	
Customer Use Code	
Optional Data	
Optional Order Number	
Authorized Signature:	
Credit Card Customers Only	
§ Orders by phone are accepted when purchases are made with VISA or MasterCard	
§ Include Credit Card Account Number, Signature, and Credit Card Expiration Date.	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
Credit Card Number	
Expiration Date (mm/dd/ccyy)	
Signature	

<b>Subtotal</b>	
Add 5% state sales tax (WI residents only)	
Add 0.5% WI county sales tax (if applicable)	
Add 0.1% or 0.5% stadium tax (if applicable)	
Add \$2.50 Credit Card Processing Fee (if applicable)	
<b>Total</b>	
§ <b>Your order is subject to return if there are errors on the Order Form and/or an incorrect amount was submitted.</b>	
§ <b>For assistance please call: (608) 266-3358</b>	
For Office Use Only	
Date (mm/dd/ccyy)	CSR
Order No.	Customer No.
Approval No.	New Exp. Date (mm/dd/ccyy)
Amount Paid	
Payment Type <input type="checkbox"/> CA <input type="checkbox"/> CH <input type="checkbox"/> V/MC <input type="checkbox"/> GSBS <input type="checkbox"/> FR	