

Health Care Materials 2016 Order Form

Prices effective through December 31, 2016.

Date: _____ Purchase Order Number: _____

County	District	Building

Ship To Address (Please type or print)		
Name of Organization		
Attention Of		
Street		
City	State	ZIP
Telephone Number		
Email Address		

Bill To Address (If different from Ship To Address)		
Name of Organization		
Attention Of		
Street		
City	State	ZIP
Telephone Number		
Email Address		

Quantity	Item Code	Item Description	Unit Price	Total Cost
	50611	Nurse Assistant in a Long-Term Care Facility (CNA) – Instructor	\$102.53	
	50612	Nurse Assistant in a Long-Term Care Facility (CNA) – Student	\$39.17	
	50613	Certified Nursing Assistant (CNA) – Response Forms	\$18.48	
	50701	Restorative Nurse Assistant	\$78.94	
	50702	Restorative Nurse Assistant	\$45.52	
	60801	Insulin Administration – Instructor	\$18.20	
	60802	Insulin Administration – Student	\$8.27	
	60811	Venous Access & IV Infusion Treatment Modalities – Instructor	\$100.09	
	60812	Venous Access & IV Infusion Treatment Modalities – Student	\$68.40	
	60641	Level 1 Medication Aide (LIMA) – Instructor	\$43.86	
	60642	Level 1 Medication Aide (LIMA) – Student	\$21.79	
Subtotal – Shipping & Handling is calculated on the subtotal only				
7.975% Sales Tax (if applicable)				
Shipping & Handling – 10% for orders OVER \$65.00/\$6.50 for orders UNDER \$65.00				
TOTAL				

Prices are subject to change.

Orders may be placed with the Assessment Resource Center (ARC) by FAX, US mail, or email.

Accepted methods of payment are a check payable to the University of Missouri, Purchase Order, Visa, Mastercard, Discover, or American Express.

If your organization is tax exempt, please provide a copy of the tax exempt letter with your order.

NEW CUSTOMERS – Please include a copy of the W-9 for your organization.

Credits will not be issued for materials returned after 30 days.

**NOTE: PLEASE DO NOT SEND CREDIT CARD INFORMATION VIA EMAIL.
PLEASE CALL (800) 366-8232, FAX THE ORDER TO (573) 882-8937, OR SEND VIA US MAIL.**

Credit Card Information:

Cardholder Name (Please Print) _____

Credit Card Number _____ Expiration Date _____

Cardholder Signature _____