

Plan Order Form

FOR PRELIMINARY PLANS RAVENNA VIADUCT

Document No.

<input type="checkbox"/> Check/Cash	Receipt No.
<input type="checkbox"/> Advance Plans Account No.	
Credit Card	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Expiration Date:	
Card No.:	
Reference I.D.:	
Authorization Code:	Date:

Payment required for plans prior to NDOR completing this order.
 NDOR_Contracts_Online_Orders@dor.state.ne.us FAX: (402) 479-3647

Please indicate: <input type="checkbox"/> Mail <input type="checkbox"/> Hold			
Other:			
Vendor No.:	Ordered By:	CD:	
		1/2 Size:	
Company:		Total 1/2 Size x .20	\$
Street Address:		Full Size x .45	\$
		Subtotal	\$
PO Box:	City:	Tax Code	Sales Tax % \$
Phone No.:	Fax No.:	Total \$	
Processed By:	Date:	Comments:	
Filled By:	Date:		

Project	Description	Check Size		No. of Sheets	
		1/2		1/2	
RAVENNA VIADUCT PRELIMINARY PLANS BR-68-2(102)	COMPLETE SET (1/2 SIZE PLAN SHEETS ONLY) 100 SHEETS = \$20.00	X			