

G.A. HARRIS QUOTE FORM

DATE		
CUSTOMER NAME		
CUSTOMER EMAIL		

BILL TO

ATTN: Name / Dept University Name Street Number/Name City, State, Zip Phone Number Email Address

SHIP TO

TTN: Name / Dept
Iniversity Name
treet Number/Name
ity, State, Zip
'hone Number
mail Address

Quantity	AMOUNT
	\$-
	\$-
	\$-
	\$-
	\$-
	\$-
	\$-
	\$-
	\$-
	\$-
	\$-
TOTAL	\$-

METER Group, Inc. USA 2365 NE Hopkins Ct, Pullman, WA 99163 P 509.332.2756 W metergroup.com