

Additional Sales should be reported in this same format. Contract may create its own continuation sheets as needed.

Contractor Name \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Under penalty of perjury, I declare that this is a true and accurate report of all sales made and fees due under the terms and conditions of this Contract for the state Contract Quarter.**

For information concerning the use of this form and/or user fee, please contact Sarah Hamilton, Sales Summary/user Fee Administrator, State Purchasing at (850) 488-0248, email [hamilt@dms.state.fl.us](mailto:hamilt@dms.state.fl.us)

**EXHIBIT G**

**ORDERING INSTRUCTIONS**

**TO BE USED BY DEPARTMENT OF VETERANS AFFAIRS**

**NOTE: ALL ORDERS SHOULD BE DIRECTED TO:**

**SPURS VENDOR NUMBER: F-631155966-004**

**VENDOR: Morrison Management Specialists (A)**

**STREET ADDRESS OR P.O. BOX: 4721 Morrison Dr.**

**CITY, STATE, ZIP: Mobile, AL 36609**

**TELEPHONE: (334) 461-3000**

**TOLL FREE NO.: 800-686-6322**

**ORDERING FAX NO.: (334) 461-3193**

**REMIT ADDRESS: P.O. Box 102289**

**CITY, STATE, ZIP: Atlanta, GA 30368-2289**

**WILL ACCEPT THE VISA CARD**


**PRODUCT**


**INFORMATION: DIRECT INQUIRY TO:**

**NAME AND TITLE: Bill Bessette, Regional Vice President**

**ADDRESS: 10115 Windhorst Rd.**

**CITY, STATE, ZIP: Tampa, FL 33619**

  
\_\_\_\_\_  
Department

  
\_\_\_\_\_  
Contractor

TELEPHONE: (813) 740-8644

TOLL FREE NO.:

URL HOME PAGE ADDRESS:

ELECTRONIC MAIL ADDRESS: **BillBessette@iammorrison.com**

  
\_\_\_\_\_  
Department

  
\_\_\_\_\_  
Contractor