

## *For Your Service to Minnesota*

### Award Selection Form

Employee Name: \_\_\_\_\_ Employee Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_ Division Name: \_\_\_\_\_

Employee should print this form and fill out the necessary information. Keep a copy for your records and present a copy for approval and processing to your agency. Print and attach a copy of the item you have selected showing category and page number.

**Do not send it directly to the Vendor.**

---

### Award Selection Information Details

Item Number	Item Description	Selection Category	Special Instructions
_____	_____	_____	_____

#### **Provide the following information when ordering Imprinted Products Only**

Fill in up to three lines below with your specific imprint information.

Please check the website to determine if customization is available for the product selected.

Department Name: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Employee Name: \_\_\_\_\_ For Apparel Orders: Color: \_\_\_\_\_ Size: \_\_\_\_\_

Additional Information \_\_\_\_\_

---

### Approval and Processing Details

Approver's Name: \_\_\_\_\_ Approver's Phone: \_\_\_\_\_

Email Address for Order Confirmation: \_\_\_\_\_

Order Ship To: ☐ See PO for Shipping  
(check one) ☐ Address listed below

Dept/Div: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approver's Signature: \_\_\_\_\_ P.O.#: \_\_\_\_\_