

**MUSEUM OF SOUTH TEXAS HISTORY (MOSTH) ARCHIVES**

200 North Closser Blvd, Edinburg TX 78541

Hours: 10:00 - 5:00, Tuesday through Friday or by Appointment

Phone: (956) 383-6911 Fax (956) 381-8518

Research/Photograph Order Form/**Invoice**

Name: \_\_\_\_\_ Purchase Order # \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 \_\_\_\_\_ ( print) Fax Number: ( ) \_\_\_\_\_  
 Firm/Organization: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Name of Credit Card Authorized User: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Card Type: \_\_\_\_\_  
 Subject of Research: \_\_\_\_\_ Date: \_\_\_\_\_

*Print/CD-R	Image Format	Price	No.	Cost
5"X 7"	_____	(\$7) .....	_____	_____
8"X 10"	_____	(\$11) .....	_____	_____
8"X 14"	_____	(\$18) .....	_____	_____
11"X 17"	_____	(\$22) .....	_____	_____
<u>Panorama</u>	_____	(\$75) .....	_____	_____
<u>up to 36"</u>				
**Negative or Transparency		(\$15 ea.) .....		_____
Photocopies		(.25¢ ea.) .....		_____
Fax		(\$2) .....		_____
Staff Research		(\$12 hour).....		_____
			Clerical handling/preparation	\$5.00
			Subtotal	\$ .
			** 8/25% TX/City Sales Tax	\$ .
Archivist _____			Total	\$ .

**ITEM IDENTIFICATION**

Collection Title:  
 Accession #:  
 Description :  
 Inventory Location:

Customer Signature: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
 Amount Received: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Processing time varies up to 8 weeks. Make check out to MOSTH. You will be called when the order is ready.

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Items Delivered: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Patron's Initials: \_\_\_\_\_