OREGON STATE TREASURY
DEPOSIT SLIP ORDER FORM

Date _____

	New Order
	Reorder
	Revised Reorder
	Expedite

	Number of Deposit Slips Needed
	Shrink Wrap Quantity

	Backer
	No Backer

Agency Number

2	3	4

Number of Plys

Agency Name

Division (when applicable)

Conversion Number - **Treasury use only**

Treasury Account Number

OR

Agency/General Fund Account Number

Account Title

Beginning Deposit Serial Number: 1

Bank Name

Agencies use bank name only. Printer has bank number on file.

Contact Person: _____ Phone Number _____

Address where deposit slips are to be shipped:
(**No** P.O. Box Numbers)

_____

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COPY OF A DEPOSIT SLIP MUST BE ATTACHED ON REORDERS
Submit to: Check Printing Co., PO Box 4305, Portland, OR 97208, Phone: 800-636-7459