Nebraska Pickle Card Sales Invoice Department of and Receipt Reorder Form

Please Print Legibly

Name of Licensed Organization

Street Address			
City	State	Zip Code	
Date	Number of Books		
sign here Signature of Organization Officer			
- Organization of Organization			

FOR NEBRASKA DEPARTMENT OF REVENUE USE ONLY		
Filled By	Date Mailed	
Serial Number(s) Issued	Books Issued	

Mail this requisition to:

NEBRASKA DEPARTMENT OF REVENUE CHARITABLE GAMING DIVISION P.O. BOX 94855, LINCOLN, NEBRASKA 68509-4855