



STATE OF DELAWARE
Deposit Ticket - Reorder Form
CURRENT Payment ID

Email completed form to: Treasury_RTM_Helpdesk@Delaware.gov

Where to send Order – The information requested below will be used for shipping information only (not for product imprint). **No P.O. Boxes please!** Please Include your phone and email address, just in case we have questions regarding your order.

SHIPPING INFORMATION

Company/Customer Name: _____

UPS CANNOT DELIVER TO P.O. BOXES

Address: _____

City: _____ State: _____ ZIP: _____

If we have any questions, who at your agency should we call?

AGENCY CONTACT INFORMATION

Agency Contact: _____

Day- Time Phone Number: _____

Email Address: _____

***SAMPLE TICKET:**

ATTACH COPY OF TICKET WITH ANY CHANGES
ALWAYS ATTACH A COPY – EVEN IF YOU DO NOT HAVE CHANGES
Contact OST to order NEW Payment ID @ Treasury_RTM_Helpdesk@delaware.gov

ORDER INFORMATION

Quantity: _____

(200, 400, 800, 1600 only)

Type of ticket: _____

All will be three part tickets