



Nebraska Pickle Card Sales Invoice 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

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**