

REQUEST FOR BANK SUPPLIES

Office of the State Treasurer Arizona
1700 W. Washington Street, Suite 102, Phoenix, AZ 85007
Send completed form to banksupplies@aztreasury.gov

Date: _____

Agency Name:	
Supplies Order Informati	ion:
Financial Institution:	If Applicable, Last Four of Acct No.:
Instructions:	
2. For accuracy, attach request, provide doc 3. For the Style section Check Book: a) Deposit Bag: 10 BMO - 9.5 BMO - 9"2 WF - 14"x Deposit Book: So Endorsement St	e request for each financial institution. a copy of the current deposit slip, voided check, or endorsement stamp. If this is a new cument(s) clearly showing the bank account information. n, enter the following information: Computer or manual check, b) Beginning check number, 50 checks per order. WF – 10"x15" WFSTD01 Dual Pouch x12" #53884 Dual Pouch BOA – 9"x13" BAUB13 20" WFSTD02 Large Dual Pouch BOA – 12"x17" BAUB17 Specify if single, duplicate, triplicate, or quadruplicate. Quantity is by the book. tamp: Black Ink detailed information of the requested item.
Banking Supply	Quantity Style / Description
Additional Information:	
Agency: ATTN: Address:	All orders will be shipped directly to the agency.
Requestor Name: Requestor Phone Number: Requestor Email:	Manager Name: Manager Title: Manager Signature:
	Treasurer's Office Use Only
Submit Date:	Complete Date: