



Washington State Department of Agriculture
Commodity Inspection Division
Warehouse Audit Program
P.O. Box 11559
Spokane WA 99211
Tel. (509) 533-2488 • Fax (509) 533-2486

REQUEST FOR NON-NEGOTIABLE WAREHOUSE RECEIPTS

CASHIER USE ONLY

DATE _____
LICENSE NO. _____
AMOUNT _____
CASHIER _____

3109

Date: _____

This order is for _____ sets of 50 four-ply continuous form feed receipts, numbered as indicated below.

The following information is to be printed:

Name of Company: _____

Address: _____

STATE NO.	STATION	NUMBERED		CCC CODE NO.	ISSUED AT
		FROM	TO		

Tariff wording will be printed without rates.

REMITTANCE INFORMATION:

Cost of Receipts: \$10.00 per 50 receipts.

This order: _____ Receipts X \$10.00 (per 50 receipts) = Total Remittance: \$ _____

Remittance must be sent to the Department of Agriculture at the above address, and must accompany this order.

Note: Submit this form in duplicate. Send a sample **copy** of a non-negotiable warehouse receipt, exactly as you want it printed.
No order will be processed unless a sample receipt is attached.

Name of person ordering (please print): _____

Signature: _____

Title: _____

WR received (date): _____ Signed: _____

*Late payment will be charged an interest rate of 1% per month pursuant to RCW 42.17.240.
Checks returned by the bank will be charged a handling fee of \$25.00 (RCW 62A.3.515(a) and 62A.3.520).*