

ORDER FORM

MICR Cartridges and Benefit (check) Stock

Please fill out complete Contact information

Region Name: _____

Name of Requestor: _____

Date: _____

Email: _____

Benefit Stock: _____ box(s) of checks

MICR Cartridges:

<u>Stock #</u>	<u>Type</u>	<u>Printer</u>	<u>Amount Needed</u>
49A	RC1320RM	1160	Discontinued: Please contact Dick Michaelis
53A	Q7553A	P2015	Soon to be Discontinued: Please contact Dick Michaelis
280A	CF280A	M400N	_____
36A	CB436A	P1505N	_____
5A	CE505A	P2035N	_____
285A	CF285A	HP 1102	_____

Thank You,

Please send your orders:

Administrative Assistant

Montana WIC Program and Primary Care Office

1400 E. Broadway Rm. C305

Helena, MT 59620

(406) 444-5533

(406) 444-0239 Fax