



622 Brodhead Avenue
 Bethlehem, PA 18015-3043
 FAX - 610-758-6591



SCRATCH OFF PERMIT ORDER FORM

All scratch off permits will expire on 12/31/2018

Department/Company			Date of Request	
Name of Requestor			Campus/Cell Phone	
Mailing Address			Fax or Email	
TYPE	QUANITY	PACKAGE QUANTITY	AMOUNT	ACCOUNT INFORMATION
<input type="checkbox"/> Scratch off Visitor Permits		@ \$5 each	\$	Charge Account 612413-79744 CR
<input type="checkbox"/> Scratch off Visitor Permits		Pack of 25	\$	Charge Account 612413-79744 CR
			\$	
Signature of Financial Manager				
Received by (Print)				
Signature Received by			Date	