OREGON LIQUOR CONTROL COMMISSION ENFORCEMENT DIVISION NSF Check Reporting Form

FOR THE MONTH OF	NSF Check	Reporting Form
		including third party NSF checks, received during a calendar month to the Commission.
The written report must include the trade name of the licens	sed premises, name of maker,	r, amount of check, date wholesaler received check, date wholesaler was notified check
was NSF, date wholesaler informed retailer of NSF check, a	and the date redeemed. The C	Commission must receive this report by the 20th day of the month following the month
being reported. (Example: The Commission must receive the	e NSF check report for Janua	ary by February 20.) Wholesale licensees must maintain a legible photocopy of the front

and back of each NSF check at the licensed premises for two years.

City

TRADENAME	SIGNED BY	AMOUNT OF CHECK	DATE OF CHECK	DATE WHOLESALER NOTIFIED OF NSF	WHOLESALER CONTACTED RETAILER RE:NSF	REASON CHECK RETURNED	DATE REDEEMED	NON-ALC
Wholesaler Reporting:			NOTE: Two	party NSF che Check columns	cks must be re are required ir	ported. Only the	ne Tradename, s	Signed By and NSF check.
Address			Signed: _					
City	ZIP							(rev. 1/09)