



**STATE OF OREGON  
PACT ACT  
Tobacco Product Sales**

Report of Shipments for the  
Month Ending:

\_\_\_\_\_, 20\_\_\_\_\_

Due the 10<sup>th</sup> Day of the Calendar Month

**PART 1: BUSINESS INFORMATION**

Business Name:	Contact Person:	FEIN:
Address:		
City:	State:	Zip Code:
Telephone Number:	Email Address:	

**PART 2: REPORTING METHOD**

Please Check the Appropriate Box:

- |   |   |
|---|---|
| <input type="checkbox"/> No Sales in Interstate Commerce                        | <input type="checkbox"/> Copies of Invoices Attached (____ Pages)         |
| <input type="checkbox"/> Memorandum of Shipments (Part 4) Attached (____ Pages) | <input type="checkbox"/> Memorandum of Shipments Submitted Electronically |

**PART 3: SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Authorized Representative:	Title:
<i>Under penalties of false swearing, I declare that I have examined this report, and any additional reports submitted in written or electronic form and to the best of my knowledge and belief the information provide is true and correct.</i>	Signature: _____ Date: _____

OREGON – PACT ACT REPORT  
DM #8734699

Oregon Dept. of Revenue  
Attn: Special Programs Admin.  
P.O. Box 14630  
Salem, OR 97309  
[rochelle.nave@oregon.gov](mailto:rochelle.nave@oregon.gov)

Complete and Return to:

**AND**

Oregon Dept. of Justice  
Attn: Tobacco Enforcement  
1162 Court St. NE  
Salem, OR 97301  
[dena.spaulding@doj.state.or.us](mailto:dena.spaulding@doj.state.or.us)

**PART 4: MEMORANDUM OF SHIPMENTS IN INTERSTATE COMMERCE**

Invoice Number:	Invoice Date:	Shipped to:	Address City, State Zip:	Brand:	Quantity: (Sticks or Ounces)	Common Carrier: (Delivery Sales Only)