

Office of the State Auditor
CTAS Manual Order Form

City or Town: _____

Contact Name: _____

Street Address: _____

City/Town: _____

State: _____

Zip Code: _____

E-mail Address: _____

CTAS Manual paper copies (includes binder, tabs, shipping):

_____ copies x \$35.00 = _____ (amount enclosed)

CTAS Manual and CTAS program on CD:

_____ copies x \$0.00*

Please make check payable to: Minnesota State Auditor

**Remit To: Office of the State Auditor
Suite 500
525 Park Street
St. Paul, MN 55103-2139**

Manual will be sent after payment is received

* Completed order forms for CDs should be e-mailed to ctas@osa.state.mn.us or faxed to (651) 296-4755