POSTAGE STAMP PURCHASE ORDER FORM

CUSTOMER INFORMATION Fill Invoice/Order Form completely. Please print clearly. Date of Order______ Date Needed______ Location_____ Loc. #_____ Contact Name______Phone/Cell_____ **VENDOR NUMBER FOR STAMPS IS 16753** Payment Method: P.O. No._____ Internal Orders (Lawson) must be marked "X" on item type **Delivery of Stamps:** APS Interoffice Mail and "IO" on buyer for requisition to be processed. STAMP ORDER/QUANTITY **X** (\$68.00/ROLL OF 100) TOTAL TOTAL NUMBER OF ROLLS NEEDED **GES USE ONLY JOB COMPLETED BY** DATE White = Accountant Yellow = GES Pink = Customer **REV 02.2024**