POSTAGE STAMP PURCHASE ORDER FORM

| STOMER INFORMATION | Fill Invoice/Order Form completely. Please print clearly. | | | |
|---|---|----------------|--|-------|
| Date of Order Date Needed | Location_ | | Lo | c. # |
| Contact Name | Phone/Cell | | Email | |
| Payment Method: P.O. No | | | ER FOR STAMPS IS 10 on) must be marked "X" on item | |
| Delivery of Stamps: APS Interoffice Mail | | | for requisition to be processed | |
| AMP ORDER/QUANTITY | | | | |
| TOTAL NUMBER OF ROLLS NEEDED | X (\$66.0 | 0/ROLL OF 100) | TOTAL \$ | |
| ES USE ONLY | | | | |
| JOB COMPLETED BY | | | DATE | |
| e = Accountant Yellow = GES Pink = Customer | | | | REV (|