POSTAGE STAMP PURCHASE ORDER FORM

JSTOMER INFORMATION	Fill Invoice	/Order Form complet	tely. Please print cle	arly.	
Date of Order Date Needed	Location			Loc. #	
Contact Name	Phone/Cell		Email		
Payment Method: P.O. No				MPS IS 16753	
Delivery of Stamps: APS Interoffice Mail	In	ternal Orders (Laws and "IO" on buye	r for requisition to		
AMP ORDER/QUANTITY					
TOTAL NUMBER OF ROLLS NEEDED	X (\$47.00/R0)LL OF 100)	TOTAL	\$	
GES USE ONLY					
JOB COMPLETED BY				DATE	
ite = Accountant Yellow = GES Pink = Customer					REV 11