



Postage Check Request

US Postmaster Vendor # 12669

Supply the following information:

1. Requisition Number _____
2. Amount of Postage Request _____
3. Enter contact information below to be notified when check is ready for pick-up

The check must be signed for at the time of pick-up

Name:	
Phone:	
Email Address:	
School/Department:	

Email request to: accounts.payable@aps.edu

* Checks must be picked up in the Accounts Payable office located at: City Center
6400 Uptown Blvd., NE
Suite: 500E
Albuquerque, NM 87110

Written Approval is Required from Site Administrator

OKAY TO PAY

Signature: _____

Printed Name: _____

Date: _____