## POSTAGE STAMP PURCHASE ORDER FORM

SIOMERINFORMATION	Fill Invoice/Order Form completely. Please print clearly.				
Date of Order Date Needed	Location_			Loc. #	
Contact Name	Phone/Cell		Email		
Payment Method: P.O. No		VENDOR NUMB			
Delivery of Stamps: APS Interoffice Mail		Internal Orders (Laws and "IO" on buye	er for requisition to		
AMP ORDER/QUANTITY					
TOTAL NUMBER OF ROLLS NEEDED	X (\$58.00/ROLL OF 100)		TOTAL	\$	
ES USE ONLY					
JOB COMPLETED BY				DATE	
te = Accountant Yellow = GES Pink = Customer					REV 09