POSTAGE STAMP PURCHASE ORDER FORM

STOMER INFORMATION	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			BER FOR STAMPS	
Delivery of Stamps: APS Interoffice Mail			son) must be marked "X" (er for requisition to be pro	
AMP ORDER/QUANTITY				
TOTAL NUMBER OF ROLLS NEEDED	X (\$60.00/ROLL OF 100)		TOTAL \$	
ES USE ONLY				
JOB COMPLETED BY			DATE	
e = Accountant Yellow = GES Pink = Customer				REV 0