POSTAGE STAMP PURCHASE ORDER FORM

USTOMER 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			ER FOR STAMPS IS	
Delivery of Stamps: APS Interoffice Mail			on) must be marked "X" or er for requisition to be proce	
TAMP ORDER/QUANTITY				
TOTAL NUMBER OF ROLLS NEEDED	X (\$63.0	0/ROLL OF 100)	TOTAL \$	
GES USE ONLY)				
JOB COMPLETED BY			DATE	
hite = Accountant Yellow = GES Pink = Customer				REV 05.202