STAMP REQUISITION FORM

Date: _____

Requestor: _____

Department: _____

Speedtype or Budget String to be Charged: _____

Number and Type of Stamps Ordered: Forever stamps

_____ No. Books Sheet/Book (20 Stamps)
_____ No. Rolls Roll (100 Stamps)

Authorized Signature: _____

(Please fax completed form to Mailing Services at x5066 or e-mail to kharada@scu.edu)

To Be Completed by Mailing Services:

Date Received: _____

Speedtype Number: _____ Total Postage: _____

Date Stamps Sent to Department: _____

Rev 5/2012