

Request For Postage

Date: _____ Department: _____

Signature: _____

USPS 1st class:

Fund: _____

USPS Standard:

Org: _____

Media Rate:

Program: _____

United Parcel Service:

Org/Fund Name: _____

Foreign:

Other: _____

Check Box:



Request For Postage

Date: _____ Department: _____

Signature: _____

USPS 1st class:

Fund: _____

USPS Standard:

Org: _____

Media Rate:

Program: _____

United Parcel Service:

Org/Fund Name: _____

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Check Box: