

**STAMP AND/OR POSTCARD REQUISITION**

**Date:** \_\_\_\_\_

This is to request that \_\_\_\_\_  
(Department and account number)

be issued \_\_\_\_\_  
(Description)

**Purpose:** \_\_\_\_\_

It is understood that the above will be used for official University business only, and is to be charged to the above account.

*AUTHORIZED SIGNATURES:*

\_\_\_\_\_  
Account Manager

**Approved:** \_\_\_\_\_  
Associate Vice President for Financial Services/Treasurer

Or  
\_\_\_\_\_  
Director of Accounting

*MAIL SERVICES USE ONLY:*

Date Issued: \_\_\_\_\_

Issued by: \_\_\_\_\_

Received by: \_\_\_\_\_