STAMP/POSTAGE ORDER FORM
Fax or email completed Stamp Order form to 480.965.9667 or mailasu@asu.edu

Date_________________

Fax or email completed S

Post Order form to

_____ Forever Stamps (One ounce) _____ Postcard Forever Stamps _____ Other Stamps

Person Responsible for stamps: Signature: __________________________________________

Print Name: __________________________________________

Mail Code: Department Name:

Dept/Delivery Location: Phone No: Fax No.

Agency/Org to be billed: (please print clearly)

Authorized Signer for Department:
Signature____________________________________ Print Name____________________________________

Justification for stamp/postage purchase request:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Name of Vendor: ________________________________________________________________
Address of Vendor

____________________________________________________________________________________

Please attach a copy of the receipt.

Mail Services:
Approved: __________________________Denied: __________________________Date_______

Updated: June 1, 2015