Carnegie Mellon POST OFFICE		Re	equ	iisi	tion Type:							Supplies						Stamp					ps				Po	Postage			
POST OFFICE		Does	s this	requ	isitior	conta	ain an	y iter	ns wh	ich r	equi	ire international shipping?												YES				NO			
DATE:										Rece					eipt requested?							YES	S		NO						
CHARGE GL:	8 OBJEC	8 CT COD	6 DE	0	5		FUNDIN	IG SOL	JRCE					FUNCT	TION			ACTIV	/ITY				ORC	GANIZ	ATION				ENTITY		
CHARGE GM:	PROJE	ECT					T	ASK				AWAR	RD																		
DEPARTMENT:																					-										
BUSINESS MANAGER:	PHONE NUMBER:																	_													
SENDER:																					-	PHO	NE NU	JMBEF	₹:					_	
																1															
ITEMS REQUESTED:		QUAN	NTITY			DESCRIPTION															AMOUNT										
DEFAULT SHIPPING METHOD PREFERRED: Check only one box.    First Class (letters only)																ards for															
AUTHORIZED BY:	PRINTED NAME SIGNATURE																			_	PHO	NE NU	JMBER:	-							
					Р	LEASE	FILL	OUT	ALL IN	IFOR	MATI	ON A	BOVE	THIS	LINE	(PLE	ASE	PRIN'	T LEG	iBLY.	)										
PROCESSED BY:																															
	Fn	nnlove	e Initi	als	ı	Sur	oplies A	Amou	nt	L	St	amns	Amou	nt		Pο	stage	. Amo	unt	-		N	umhe	er of F	Pieces	_		To	ntal Amo	ınt Ch	arged

(For meter machine only)