Carnegie Mellon POST OFFICE

Requisition Form
Stamps

(For use with the purchase of stamps only)

DATE: _____

RECEIPT REQUESTED? **YES** ☐ **NO** ☐
Please check one.

CHARGE GL:

8	8	6	0	5																								
OBJECT CODE						FUNDING SOURCE							FUNCTION			ACTIVITY				ORGANIZATION							ENTITY		

CHARGE GM:

PROJECT						TASK				AWARD							

DEPARTMENT: _____

BUSINESS MANAGER: _____ **PHONE NUMBER:** _____

SENDER: _____

STAMPS REQUESTED:

QUANTITY	DESCRIPTION	AMOUNT

AUTHORIZED BY: _____
SIGNATURE

PLEASE FILL OUT ALL INFORMATION ABOVE THIS LINE.

PROCESSED BY:

EMPLOYEE INITIALS	TOTAL AMOUNT CHARGED