Requisition Type:  
☐ Supplies  
☐ Stamps  
☐ Postage

Does this requisition contain any items which require international shipping?  
☐ YES  
☐ NO

Receipt requested?  
☐ YES  
☐ NO

DATE: _______________________________________

CHARGE GL:  

<table>
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<tr>
<th>OBJECT CODE</th>
<th>FUNDING SOURCE</th>
<th>FUNCTION</th>
<th>ACTIVITY</th>
<th>ORGANIZATION</th>
<th>ENTITY</th>
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CHARGE GM:  

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DEPARTMENT: ________________________________

BUSINESS MANAGER: _________________________  PHONE NUMBER: ____________

SENDER: _________________________________  PHONE NUMBER: ____________

ITEMS REQUESTED:

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<tr>
<th>QUANTITY</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
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</tbody>
</table>

DEFAULT SHIPPING METHOD PREFERRED:  
☐ First Class  
☐ Ground Advantage  
☐ Priority  
☐ Express  
☐ Media Mail

*Please note that tracking is only available through the Front Counter shipping of the Post Office.

AUTHORIZED BY:  

PRINTED NAME  SIGNATURE  PHONE NUMBER: ____________

PROCESSED BY:  

Employee Initials  Supplies Amount  Stamps Amount  Postage Amount  Number of Pieces  Total Amount Charged