Carnegie Mellon
POST OFFICE

Requisition Type: ☐ Supplies ☐ Stamps ☐ Postage

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

Receipt requested? ☐ YES ☐ NO

DATE: _____

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: _____ **PHONE NUMBER:** _____

ITEMS REQUESTED:

QUANTITY	DESCRIPTION	AMOUNT

DEFAULT SHIPPING METHOD PREFERRED:
Check only one box.

☐ **First Class** (Up to 13 ounces)
☐ **Retail Ground** (Inexpensive/slow)
☐ **Priority**
☐ **Express** (Front Counter Only)
☐ **Media Mail** (Please refer to USPS DMM 170 4.0 Content Standards for Media Mail for restrictions)

AUTHORIZED BY: _____ PRINTED NAME _____ SIGNATURE **PHONE NUMBER:** _____

PLEASE FILL OUT ALL INFORMATION ABOVE THIS LINE. (PLEASE PRINT LEGIBLY.)

PROCESSED BY:

Employee Initials	Supplies Amount	Stamps Amount	Postage Amount	Number of Pieces (For meter machine only)	Total Amount Charged