REQUEST FOR POSTAGE

Please indicate the type of request:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Postage Stamps: |  | Number of Stamps: |  |
|  | Postage for Meter: |  | Meter Number: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Department to be charged: | | |  | | | | | Amount: |  | | |
| Payee: | U. S. Postmaster, Norman, Oklahoma | | | | | | | | | | |
| (City, State) | | | | | | | | | | | |
| Purpose of Request: | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
|  | |  | | | | | | | | | |
|  |  | | |  | |  |  | | |  |  |
| Custodian of Postage Stamps (if applicable): | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
| Forwarding Address for Payment: | | | | |  | | | | | | |
|  | | | | |  | | | | | | |
|  | | | | |  | | | | | | |

I have read the Postage policies and procedures and agree to fully comply with the procedures contained therein.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Sponsor | Date |  | Custodian | Date |