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 |