

REQUISITION FOR PERFORMED POSTAGE

NO.

DATE ISSUED		DATE REQUIRED		DEPARTMENT			DIVISION	
DIRECT INQUIRIES TO					PHONE NUMBER		AUTHORIZED SIGNATURE	
AGENCY	APP. YEAR	INDEX		PROGRAM COST ACCT.	GRANT		SHIP STAMPS TO:	
GMT. PH.	PROJECT		PROJ. PH.	AGENCY CODE 1	AGENCY CODE 2	AGENCY CODE 3		
MULTI PURPOSE CODE				COMPTROLLER OBJECT	AGENCY OBJECT			

QUANTITY	DENOMINATION	AMOUNT
	1¢	
	2¢	
	3¢	
	5¢	
	10¢	
	20¢	
	22¢	
	33¢	
	55¢	
	77¢	
	\$1.00	
	20¢ Postcards	

MAIL & DELIVERY SERVICES:	REQUEST TOTAL
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DATE COMPLETED	COMPLETED BY	VERIFIED BY
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I.D. MAIL CUSTOMERS:
 Upon receipt of order, please sign here _____
 and return canary copy to:
 Dept. of Management & Budget
 Mail & Delivery Services
 7461 Crowner Dr.
 P.O. Box 30026
 Lansing, MI 48909
Ph. (517) 322-1897

WHITE – Mail & Delivery Services
 CANARY – Sign and return to Mail & Delivery Services upon receipt
 PINK – Return to agency with order
 GOLDENROD – Retained by agency