

Authorization Form

STAMP AND/OR POSTCARD REQUISITION

| Date: | |
|---------------------------|--|
| This is to reque | (Department and account number) |
| be issued | (Description) |
| | |
| It is understood account. | that the above will be used for official University business only, and is to be charged to the above |
| AUTHORIZED SIGN | IATURES: |
| Approved: | Customer |
| | Print & Mail Services staff |
| MAIL SERVICES US | E ONLY: |
| | |
| | |