

VENDOR POSTAGE SLIP (Must be on PINK Paper)

DATE: _____ **VENDOR:** _____

ACCOUNT#:

0	2	7	0	0	5	-	1	3	1	2	.		
---	---	---	---	---	---	---	---	---	---	---	---	--	--

TYPE OF MAIL (check one)

FIRST CLASS ☐

MEDIA MAIL ☐

INTERNATIONAL ☐

LIBRARY RATE ☐

OTHER ☐

Authorize Signature: _____

Printed Name: _____

Extension #: _____

Postal Services - USE ONLY

Amt Chg: _____

Date: _____

Initials: _____

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