

STAMP FORM

PO # _____
 Date _____

Office Use Only _____

The authorized signature below certifies that the requested postage stamps are to be used for official University of Texas business only.

AUTHORIZED BY *(Please Sign and Print Signature)*

PHONE NUMBER

Return Stamps to: Room _____ Building _____

Request for Stamps – NOT FOR RESALE

Denomination	Unit of Issue	Amount Ordered	Amount Issued	Unit Price	COST
Forever	Roll (100)			\$50.00	
.02	Sheet			.40¢	
Forever	Booklet (20)			\$10.00	

TOTAL _____

RECEIPT ACKNOWLEDGED BY *(Please Sign, Print Signature and Date)*

DATE

***NOTE:** This page is to be printed, completed and mailed to Mail Services at OCB 1.960 for processing.