

The University of Texas Health Science Center at San Antonio  
**DEPARTMENTAL POSTAGE REQUEST**

Bring completed form to cashier's window, Bursar's Office

<p><b><u>FOR BURSAR USE ONLY</u></b></p> <p>Bursar No.: _____</p> <p>Received By: _____</p> <p>Cashier: _____ Date: _____</p>	<p>Department Name: _____</p> <p>Dept. Account No.: _____</p> <p>Authorized Signature: _____</p> <p>Name: _____  <i>Print or Type</i></p> <p>Phone No.: _____</p> <p>Requested By: _____</p>
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QTY.	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
	(roll)	1st Class Stamps (100)		
	(ea)	1st Class Stamps		
	(ea)	1st Class / Book (20)		
	(ea)	Post Cards		
	(ea)	Overnight Envelopes - 12½ x 9½		
	(ea)	Overnight Envelopes - 16 x12		
		<b>USE THIS SPACE TO LIST OTHER POSTAGE REQUESTS</b>		
			<b>TOTAL</b>	

**PURPOSE OF PURCHASE:**

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