DEPARTMENT METER SLIP

Department: _____ P.O.Box #: _____

A|F	Fund #	Organization	Postage	Program
			74230	

Department Contact: _____

POST OFFICE USE ONLY

_____ $ _____
_____ $ _____
_____ $ _____
_____ $ _____

Total Charges: _____

Metered By: _____

Date Processed: _____

Post Office

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