



DEPARTMENT OF JUVENILE JUSTICE

POSTAGE REQUEST

TO: POSTMASTER _____ DATE: _____

NAA

_____, FL _____
(CITY) (ZIP CODE)

FROM: _____

Phone Number: _____

| | AMOUNT | OBJECT CODE |
|-------------------------------|--------|-------------|
| POSTAGE BUSINESS REPLY AMOUNT | _____ | _____ |
| POST OFFICE BOX RENTAL | _____ | _____ |
| POSTAL CARDS | _____ | _____ |
| POSTAGE STAMPS | _____ | _____ |
| METER POSTAGE** | _____ | _____ |
| TOTAL | _____ | _____ |

AUTHORIZED BY: _____
(SIGNATURE)

**METER NUMBER _____ DEPT./DIV. _____
CIRCUIT _____
ORG CODE _____ EO _____