Postage Stamp Requisition

1. ORDERED BY:	2. SIGNATURE:	3. DATE OF ORDER:	4. PHONE NUMBER:

5a. UNIT:	5b. ADDRESS:	5c. CITY/STATE/ZIP:

INSTRUCTIONS:

1. Type or Print Clearly.

2. Order must reflect a three (3) months supply requirement.

3. Order MUST include requirements of CA ARNG Recruiters working for the unit, and supporting Organizational Maintenance Shops.

4. Completed requisition must be furnished OTAG, ATTN: CADA-AS, consolidated through Battalion.

NOTICE

USE OF
EXPRESS MAIL
REQUIRES
OTAG APPROVAL

DATE SHIPPED:

Office of the Adjutant General
ATTN: CADA-MR (Postage)
P.O. Box 269101
Sacramento, California 95626-9101

VOICE:
SPC. Silvia Sanchez
CML (916) 854-3494
DSN 466-3494
SFC. Ed Villanueva
CML (916) 854-3587
DSN 466-3453
FAX
CML (916) 854-3172
DSN 466-3172

STAMPS ORDERED

CURRENTLY ON HAND	# OF STAMPS ORDERED	DENOM.	COST
	X 100	*.01	
	X 100	*.22	
	X 100	*.37	
	X 100	*.60	
	X 20	**1.00	
	X 20	**3.85	
	X 20	.05	
	X 20	.04	
	X 20	.03	
REQUISITION TOTAL			$

*** MUST BE ORDERED IN INCREMENTS OF 100**
**** MUST BE ORDERED IN INCREMENTS OF 20**

RECEIPT FOR POSTAGE STAMPS

Complete the following statement, sign and mail to OTAG, ATTN: CADA-AS, the day postage Stamp are received.
I received the above listed postage stamps, in the denominations indicated, on this date.

DATE STAMPS RECEIVED:	TYPED/PRINTED NAME AND RANKS:	SIGNATURE:

CA ARNG form 340-3, 18 JUL 01 (Replaces CA ARNG Form 340-3, 1 MAR 98 which is obsolete)