Reimbursement Request Form

CA$H FOR YOUR STAMPS

INSTRUCTIONS

Please complete this form, including the total list of your stamps. Indicate the type, description, and quantity of the stamps. Please **PRINT** and **SIGN** the form. Keep a copy for your records.

Once completed, mail the form and stamps to:
CFS, Inc. at our contact address.

Contact Information

DATE:_____

1. Name: First_____ Last_____

2. Company: _____ 3. Phone: __(_____)_____

4. Address: _____

City: _____ State: _____ Zip: _____

5. Email: _____ 6. Website: _____

Reimbursement Method

7. Please Check a Box to Select Payment Option. *Leaving this unselected will delay payment.*

☐ Bank Check (no fees) ☐ Bank Transfer (fees apply) †

† Applicable bank fees will be reduced from the total payment amount.

Stamps Information

*Form Required for Reimbursements for $500 or more.

8.

TYPE	DESCRIPTION (Ex. Forever Stamps, Flags, Christmas, etc)	QUANTITY	Internal
Select Type		Select QTY	
Select Type		Select QTY	
Select Type		Select QTY	
Select Type		Select QTY	
Select Type		Select QTY	

Source of Stamps

9. Please Check a Box to Select Source of Your Stamps* ☐ Closed Business ☐ Excess from Event

☐ Other: Please Explain_____

SIGNATURE: _____ Date: _____

PRINT Please Print, Physically Sign & Mail Your Stamps with this Form. That Easy!