State of Delaware Government Support Services Messenger Services

Request Form For

State Agency Postage Equipment / Meter Internal Purchasing

Requesting agency is required to ensure equipment purchase interfaces with Messenger Service Business Manager Accounting Systems. Vendor pricing and interfacing capabilities are to be confirmed by requesting agency.

|  |  |
| --- | --- |
| Date:  State Agency:  Contact Person:  Requested By: | Dept-Div-Sect:  Telephone #:  Title: |

Please list the name of the equipment that is to be purchased or upgraded:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment / Meter and Model # | Lease | Purchase | Annual Equipment Cost | Annual Maintenance Cost |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |

|  |  |
| --- | --- |
| Average number of piece(s) you currently meter daily: |  |
| For new request, how many piece(s) will you be metering: |  |
| Total dollars of postage spent daily: | $ |
| Total dollars of postage spent monthly: | $ |
| Is there an increase of dollars and pieces listed above that are a result of mass mailings: | |

Special Mail Handling Requirements

|  |
| --- |
| Does your agency have any? Yes:  No:  If yes, please specify and explain in detail: |

Reason(s) for the Request

|  |
| --- |
|  |

Please Email Completed Form to: [michael.russo@delaware.gov](mailto:michael.russo@delaware.gov)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  |  |  | | Approved: | Denied: | Date: | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |