



Date _____

AUTHORIZED UNIFORM VENDOR

SUBJECT: Authorization for Postal Support Employee (PSE) Uniform Annual Allowance

This letter authorizes the Postal Support Employee (PSE) identified below to purchase Type 2 uniform items according to the annual allowance. Uniform eligibility is determined by local management.

The PSE employee must show Postal Service identification and submit this letter with the manager's original signature and date signed. The uniform vendor is required to keep the original as authorization for the purchase.

For payment, the uniform vendor must submit an itemized invoice containing each item purchased and the cost to the PSE employee's manager at the address listed below. Advance payment is not authorized. Purchases must be for items from the Type 2 uniform category only. The purchase amount must not exceed the amount noted on the letter.

Employee's Full Name: _____

Employee's Eligibility Date: _____

Uniform Allowance Amount: \$ _____

Note: Purchases may not exceed the amount above.

Authorized Uniform Vendor: Please send itemized invoice to:

Note: Please print legibly.

Manager's Name and Title: _____

Facility Name: _____

Facility Address: _____

City, State, Zip: _____

Manager's Signature: _____ Date: _____

**VENDOR: [1] This official letter must be submitted for reimbursement within 14 days upon receipt
[2] Do not accept it if not presented on original letterhead stationary
[3] Do not accept if not presented with the manager's original signature**