

# POSTAL SERVICE

# OUTBOUND PERSONNEL

## PLEASE PRINT ALL DETAILS

48FSS.Post.Office@us.af.mil

OUTBOUND NAME (LAST, FIRST, MI):

BOX #:

\_\_\_\_\_

\_\_\_\_\_

BOX CLOSURE DATE (WITHIN 30 DAYS):

PERSONAL EMAIL:

\_\_\_\_\_

\_\_\_\_\_

DOD ID:

\_\_\_\_\_

FORWARDING ADDRESS (must be STATESIDE or APO):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

COPY OF OUTBOUND PERSONNEL'S ORDERS IS REQUIRED

SCANNED IN _____ AMPS _____	COMBO _____/PRINTED _____ LABELS _____ vMPF _____
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