

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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