



Stocking Plan for Directives and Forms

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| 1. Originator's Name | | 2. Originator's Address (If a HQ address, enter your room number and ZIP + 4) | |
| 3a. Originator's Phone | 3b. Originator's Fax | | |
| 4. Document Number (if assigned) | | 5. Effective Date | |

6. Justification for Stockage

a. Is Document a Standard Supply Item, Not Experimental? Yes No

b. Is Document Used on a Continual Basis? Yes No

c. Is the Document Used Throughout the Postal Service? Yes No

d. Will Centralized Procurement and Stocking of This Document Result in Economy to the Postal Service? Yes No

e. Explain Any "NO" Answer:

7. Intended User (or type of office)

8. Quantity Calculation
Annual Times Prepared _____ x Number of Offices _____ = Annual Quantity Required _____

9. Preparation Frequency

Annually Accounting Period Monthly Daily
 Quarterly Pay Period Weekly As Required

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|------------------------------------|------------------------------------|
| 10a. Inventory Management Approval | 10b. Inventory Management Comments |
|------------------------------------|------------------------------------|