

USPS VOYAGER TRANSFER REQUEST FORM

AREA OFFICE:			DATE FAXED TO VOYAGER:			
DISTRICT	Γ:		V	/MF REQUESTER'S NAME:		
VMF NAM	NE:		VMF REQUESTER'S PHONE:			
RECEIVIN	NG SITE NAME:			1110KL		
RECEIVIN	NG SITE ADDRES	SS:				
		_	City	State	Zip +4	
RECEVIN	RECEVING SITE CONTACT:		•		·	
RECEIVIN	NG SITE PHONE:					
RECEIVIN	NG SITE FAX:	_				
SENDING SITE FINANCE #:	SENDING SITE STATION ID:	VEHICLE #	t: CARD # :	RECEVING SITE FINANCE #:	RECEIVING SITE STATION ID#:	DID VEHICLE TRANSFER TO ANOTHER VMF'S LOCATION CODE?
						YES () NO ()
						YES () NO ()
						YES () NO ()
						YES() NO()

PREFERRED METHOD IS TO FILL OUT THIS FORM IN ITS WORD.DOC AND EMAIL THIS ATTACHMENT TO: voyagerusps@usbank.com
VOYAGER CAN NOT ACCEPTED SCANNED DOCUMENTS.

YOU CAN FAX COMPLETED FORM TO: 1-866-400-5770