Prescribed by: DOD 4525.06-M

DESIGNATION/TERMINATION MPC-FPC-COPE-PFO				
1. TO: (Use complete address)		2. FROM: (Use complete address)		
	DESIG	NATION		
POSTAL FINANCE OFFICER 4. NAME: (Last, First, Middle Initial) (Typed or printed) 5. PAY GRADE: 6. BRANCH OF SERVICE:				
7. ACTIVITY FOR WHICH DESIGNATED:				
8. I acknowledge my designation as shown above, and shall faithfully discharge the duties associated with this designation.				
also agree to obey all laws and regulations established by the United States Postal Service and the Department of Defense.				
(Signature of Designee) (Date: YYYYMMDD)				
9a. TYPED/PRINTED NAME OF DESIGNATING OFFICIAL	b. PAY GRAD)F	c. SIGNATU	RE:
(Last, First, Middle Initial)		-		
			d. DUTY TIT	LE:
TERMINATION				
10. THE ABOVE DESIGNATION IS TERMINATED EFFECTIVE (YYYYMMDD):				
11. REASON FOR TERMINATION (Explain in detail):				
	1			
12a. TYPED/PRINTED NAME OF TERMINATING OFFICIAL (Last, First, Middle Initial)	b. PAY GRAD	Ε	c. SIGNATU	KE:
			d. DUTY TIT	1 5.
				LE.