

TO: CAMPUS MAIL SERVICE

FROM DEPT: _____

BUDGET ACCT NO: (6 digits) _____

MAIL TYPE TOTAL PIECES

International

_____ Air _____

_____ Surface _____

Domestic

_____ Express (Must be delivered to Post Office by Dept.)

_____ Priority _____

_____ First Class _____

_____ Parcel Post _____

_____ Media Mail _____

_____ Post Cards _____

_____ Library _____

_____ Permit #1 (Presort 1st Class)

_____ Permit #36 (Nonprofit Standard)

_____ Insured, Reg., Cert. _____

_____ Return Receipt (Only with Cert./Regist./Insured Mail)

_____ Dept. Intercampus _____

_____ Pre-stamped mail _____

_____ Courier _____

TOTAL: _____

Date

Signature

Include Orange Bar Code Card with this form if any mail is to have postage applied.