

Date: _____ Department: _____

Account Numbers (old and new required): _____

Authorized Signature: _____

Please check one box only.

- PRIORITY _____
- 1ST CLASS _____
- PARCEL POST _____
- FOREIGN _____
- MEDIA _____
- LIBRARY RATE _____
- EXPRESS (overnight guaranteed) _____

Check for Additional Services:

- CERTIFIED _____
- RETURN RECEIPT _____
- DELIVERY CONFIRMATION _____
- SIGNATURE CONFIRMATION _____
- INSURED _____ AMOUNT _____

BULK MAIL

Dispatch Date: _____

Quantity: _____

Labels, content, envelopes, and zip code count sheets should accompany this form unless already in mailroom inventory. Describe content and envelopes below and include specific directions.

FOR MAILROOM USE ONLY.

Date Dispatched : _____ Postage: \$ _____

Processed by: _____

Comments: _____