MAIL SERVICES
DAILY Mail Requisition

____________________________
Date

____________________________
Department

____________________________
17-Digit Account #

____________________________
Authorized Signature

Check one box only.

☐ 1st Class
☐ Priority
☐ Express Mail
☐ Foreign
☐ Media
☐ Parcel Post

Check for additional services.

☐ Insured
   Amount: ______________
☐ Certified
☐ Return Receipt
☐ Signature Confirmation

Space below for PO use only.

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