

MAIL CENTER SERVICES

Name: _____ E-Mail address _____ Date: _____

Work Location Name: _____ Work Location # _____ Phone# _____

Chargeback Account _____ / _____ / _____ GL/437001000
Function Area Cost Center Fund Number

Service Type: US Mail ___First Class ___Express ___Priority ___Bulk Mail ___Automated Bulk Mail
Package Service ___Federal Express Delivery required by
___UPS _____

IF NO SERVICE IS CHECKED ITEMS WILL BE SENT THE LEAST EXPENSIVE WAY.

This information to be completed Mail Service personnel

Pieces _____ Amount \$ _____ Job Completed By: _____ Date _____

PLEASE PRINT COMPLETE STREET ADDRESS (NO P.O. BOXES) ON THE BACK OF THIS FORM FOR PACKAGE SERVICES. TIME STAMP THIS FORM WHEN LEFT FOR PROCESSING.