



MAIL SERVICES POSTAGE REQUEST

Workday Tag eg. CC, Program, Gift, Grant

Description of Mailing

Department Name _____

Requested By _____

Authorized Signature _____

Contact Phone _____

Date Submitted _____

DOMESTIC MAIL		1st Class	Priority	Express	Media	International	EXTRA SERVICES	
qty								
_____	Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certified Mail	<input type="checkbox"/>
_____	Flats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delivery Confirmation	<input type="checkbox"/>
_____	Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature Confirmation	<input type="checkbox"/>
							Insurance	<input type="checkbox"/>
							Insurance Value	_____

SPECIAL INSTRUCTIONS: _____

Mail Processor: _____

Date Completed: _____

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