

**REQUEST FOR MAILING SERVICES FORM**

Department: \_\_\_\_\_ P.O. Box #: \_\_\_\_\_

FUND #					ORG #			ACCOUNT #					PRO #	
								7	4	2	3	0		

Authorized Signature of FOAP: \_\_\_\_\_

**POST OFFICE USE ONLY**

No. of Pieces: \_\_\_\_\_ Cost: \_\_\_\_\_

No. of Pieces: \_\_\_\_\_ Cost: \_\_\_\_\_

No. of Pieces: \_\_\_\_\_ Cost: \_\_\_\_\_

No. of Pieces: \_\_\_\_\_ Cost: \_\_\_\_\_

TOTAL CHARGES: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date Processed: \_\_\_\_\_

*Provide any notes or special mailing instructions you wish to include here:*



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