Western Michigan University

DEPARTMENT CHARGE FOR U.S. POSTAGE AND

Department Name & Mail Stop

Phone Number

FUND COST CENTER OBJECT CODE

AUTHORIZING SIGNATURE

Date

# Items Domestic (US) Mail Amount Ghost Number

1st Class
Express
Priority
Standard (Min 200 Pieces)
Qual Non-Profit (Min 200 Pieces)
Media (Books,CDs,DVDs/Blu) International
1st Class
Priority
Express
Additional Services
Certified—(Return Receipt)
Registered
Insured

Mail Totals:

UPS Package Services FedEx

UPG Ground FedEx Ground
Next Day Priority Overnight
2nd Day Air 2nd Day Air
3rd Day Select Express Saver
Standard Canada Ground Canada
Worldwide Express International Priority
Worldwide Expedited International Economy
Insured
Insured

Package Totals:

OTHER:

This Authorization form must be attached to your mailing sent through the Campus Mail Center for application of postage. It must include the Department Name, Mail Stop, Date, Fund/Cost Center, and authorized signature.

If you would like a copy of these charges please provide 2 copies. Initials/Date of Mail Center Processor:

__________________________

Western Michigan University

DEPARTMENT CHARGE FOR U.S. POSTAGE AND

Department Name & Mail Stop

Phone Number

FUND COST CENTER OBJECT CODE

AUTHORIZING SIGNATURE

Date

# Items Domestic (US) Mail Amount Ghost Number

1st Class
Express
Priority
Standard (Min 200 Pieces)
Qual Non-Profit (Min 200 Pieces)
Media (Books,CDs,DVDs/Blu) International
1st Class
Priority
Express
Additional Services
Certified—(Return Receipt)
Registered
Insured

Mail Totals:

UPS Package Services FedEx

UPG Ground FedEx Ground
Next Day Priority Overnight
2nd Day Air 2nd Day Air
3rd Day Select Express Saver
Standard Canada Ground Canada
Worldwide Express International Priority
Worldwide Expedited International Economy
Insured
Insured

Package Totals:

OTHER:

This Authorization form must be attached to your mailing sent through the Campus Mail Center for application of postage. It must include the Department Name, Mail Stop, Date, Fund/Cost Center, and authorized signature.

If you would like a copy of these charges please provide 2 copies. Initials/Date of Mail Center Processor:

________/________