Western Michigan University

DEPARTMENT CHARGE FOR U.S. POSTAGE AND

Department Name & Mail Stop _____ Phone Number 4340

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/Etc)		
	International		
	1st Class		
	Priority		
	Express		
	Additional Services		
	Certified—(Return Receipt)		
	Registered		
	Insured		

Mail Totals: _____

UPS	Package Services	FedEx		
UPS Ground		FedEx Ground		
Next Day		Priority Overnight		
2nd Day Air Saver		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: _____/_____

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