

**U of M Mail Services
Outgoing Mail Form**

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Please Fill Out Form Completely

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Dept. Name:

Dept. Name:

Index Number To Be Charged:

Index Number To Be Charged:

Date:

Date:

Submitted by:

Submitted by:

Phone:

Phone:

Check the appropriate box and write the number of mailarticles on the line below. Complete a separate form for domestic and international.

Check the appropriate box and write the number of mailarticles on the line below. Complete a separate form for domestic and international.

1st Class

Standard "A" Bulk

Book

Priority

International

Express

1st Class

Standard "A" Bulk

Book

Priority

International

Express

of mail pieces:

of mail pieces:

Comments:

Comments:

Other Information

1. Submit letters and large envelopes in separate groups, each with its own form
2. When sending envelopes, leave envelope flaps up.
3. Special services (e.g., insured, certified, priority, etc.) require other forms. If you need forms, contact Mail Services at 2408, or the Contract Postal Station in the UCat 2380.
4. If you send two copies of the completed form, we will return one copy to you with the machine count. Please retain a copy of this form for your records.
5. For assistance, call Mail Services at 2408.

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MAIL SERVICES USE ONLY

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Machine Count: _____

Machine Count: _____

Date Stamp:

Date Stamp: