



## Postage Charge Authorization Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Budget Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### **Total Number of Pieces:**

Letters  \_\_\_\_\_

Flats (Large Envelopes)  \_\_\_\_\_

Post Cards  \_\_\_\_\_

### **\*\*Special Services:**

Certified  Number of Pieces: \_\_\_\_\_

Return Receipt  Number of Pieces: \_\_\_\_\_

Insured  Number of Pieces: \_\_\_\_\_

Signature Confirmation  Number of Pieces: \_\_\_\_\_

Express Mail  Number of Pieces: \_\_\_\_\_

Packages  (*needs USPS Tracking Label*) Number of Pieces: \_\_\_\_\_

Priority Mail  Number of Pieces: \_\_\_\_\_

International Mail  Number of Pieces: \_\_\_\_\_

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### **For Mail Center Use:**

Processing Mail Clerk Initials: \_\_\_\_\_

Date Received/Processed: \_\_\_\_\_

Total Number of Pieces Processed: \_\_\_\_\_

Total Postage Charged: \_\_\_\_\_

**\*\*Please fill out form and attach with requested mailing for processing.**