



MACON & JOAN BROCK
VIRGINIA HEALTH SCIENCES
AT OLD DOMINION UNIVERSITY

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: _____

For Mail Services 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.**