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 Services Use:**

Processing Mail Clerk Initials: __________

Date Received/Processed: __________

Total Number of Pieces Processed: __________

Total Postage Charged: __________

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