

Postage Request Form

☐ First Class Presorted

☐ First Class ☐ Priority

☐ Certified ☐ Express

Department/School Name:

Budget Number:

Is this a new or different budget number?

Yes ☐ No ☐

Would you like to receive a copy of completed form?

Yes ☐ No ☐

Phone Number: _____

Date: _____

Total Pieces: _____

For Mailroom Use Only

Date Mailed _____

Total Pieces _____

Total Postage _____

Administrator Signature

If you have any questions, please contact:

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Nancy Henze 817-814-2265