

Postage Request Form

First Class

First Class Presorted

Certified

Priority

Express

Bulk*



Bulk Mailing Check List

Zip Code Order

"FWISD" Return Address

Generic

Correct Bundle

200 Piece

7-14 Days Delivery

Print: _____

Initial: _____ Phone _____

***if Check list not completed, mail will go first class**

Dept/School Name: _____

Budget Name: _____

Budget: _____

Are you using a **new/different** Budget Number? Yes No

Ext: _____

Date: _____

Total Pieces: _____

Administrator
(Signature)

<i>For Mailroom Use Only</i>	
Date Mailed	<input type="text"/>
Total Pieces	<input type="text"/>
Postage	<input type="text"/>