



Mail Processing/Postage Expense Request

ADDRESSING • B AI INGS • INSERTING RE ES S E.A SER I.ES

Please complete this form to assure that your mail is processed correctly.

Inserting (Allow one week for processing)

Inserts not to exceed four items. Provide samples if possible. Please write in name of each insert.

#1 Insert _____ #3 Insert _____

#2 Insert _____ #4 Insert _____

#10 Window envelope - Quantity _____ #10 Closed faced envelope - Quantity _____

For Document Matching jobs complete special envelope form available from Mail Services

Client Information

Date _____

Project name _____

Originator _____

Department _____

Telephone _____

Account # _____

Number of pieces p t Class presort (min. 500 pieces)

Smart Mail (without zip order)

Bulk Mail (nonprofit - min. 200 pieces)
(Allow up to 5 days for processing)

Media Mail (Book Rate)

FedEx Ground.....

United Parcel Service (Ground)

Over Night Express

FedEx ____ USPS ____ UPS ____

2-Day Express.....

FedEx ____ USPS ____

International Mail.....