

**SPECIAL MAILING FORM**  
(mail to be metered)

FROM (SENDER'S NAME)		
(DEPT. NAME)		
BILLING ACCT. NUMBER		
BILLING ACCT. NAME		
PHONE NUMBER (DEPT.)		
RETURN FORM TO (Dept. name & Mail Stop No.)		
PROJECT/RESEARCH ACCT. NO.		NUMBER OF ITEM(s) MAILED
PLEASE SEND ATTACHED MAILING: First Class, Third Class, Printed Matter, Bookrate, Air Mail, Air Printed Matter, Air Parcel Post, Parcel Post, Library Rate, Bulkrate, Insured (\$600 maximum-DOMESTIC MAIL ONLY), Registered Mail (DOLLAR VALUE), Certified		
Description of Mailing		
Date of Mailing Submitted to University Mail Service		Charge for Mailing
Signature of Account Representative		DATE: