TWU Business Mail and Package Services – Mail Processing Request Form

Mail Processing Request Form Date: _____

Credit Card Holder: _____

Department Name: _____

Chart String (to charge postage): _____

Contact Name: _____

Contact Phone: _____

Dropped Off By (Credit Card Services to Complete): _____

Mailroom Staff Use Only

Date Processed: _____

Mail Type: _____

Quantity: _____

Total Price: _____

Notes: _____

Note to mailroom staff: *Enter information into the outbound mail log upon completion.*