

SIUE MAIL CENTER

REQUEST FORM FOR OTHER MAIL SERVICES

RECEIPT NO. : _____

BOX NO. : _____

DATE : _____

ACCOUNT NO. : _____

FILE NAME : _____

ACCOUNT TITLE : _____

PHONE NO. : _____

CONTACT PERSON : _____

NO. OF PIECES	SERVICE	RATE	=	COST
_____	BUSINESS REPLY	\$.12/pc.	=	\$ _____
_____	RETURN ADDRESS	\$.06/pc.	=	\$ _____
_____	INKJET / LABEL	\$.06/pc.	=	\$ _____
_____	INSERT / FOLD	\$.06/pc.	=	\$ _____
_____	SEAL	\$.06/pc.	=	\$ _____
_____	TAB	\$.06/pc.	=	\$ _____
				\$ _____
				TOTAL COST

PLEASE SIGN AND DATE UPON RECEIPT OF REQUESTED SERVICE, AND RETURN TO
KELLY, CAMPUS BOX 1015.

RECEIVED BY : _____

DATE : _____