

## Postal Services Authorization Form

This form must be completed by a department requesting a receipt for any mailing or when a mailing processed by Postal Services is larger than 200 pieces.

PLEASE MARK THE APPROPRIATE LINE :

Date: _____	First Class      Bulk Mail
Signature _____	Sort per Postal Services Instructions
Budget Number _____	Department _____
	Need Receipt?    Yes      No

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### POSTAL SERVICES USE ONLY

Weight ounces		Type	
Weight pounds		Complete	
No. of bags		x	=
Pieces		x	=
Amount		x	=
		x	=
MX St			
ADC Kansas City MO			
ADC St. Louis MO			
SCF			
658			
657			
656			
655			
654			
648			