

Loyola Marymount University

MAIL SERVICES POSTAGE REQUEST

Postage Request must have an authorized signature

Department Name

Requested By

Authorized Signature

Account Number

Description of Mailing

Contact Phone

Date Submitted

DOMESTIC MAIL

qty

	1st Class	Priority	Express	Media	International
Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXTRA SERVICES

- Certified Mail
- Delivery Confirmation
- Signature Confirmation
- Insurance
- Insurance Value _____

SPECIAL INSTRUCTIONS:

Mail Processor: _____

Date Completed: _____

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