Postage Charge Authorization Form

Name: __________________________

Department: ___________________________________________________

Budget Code: __________________________

Date: __________________________

Phone: __________________________

Total Number of Pieces:

Letters ☐ __________

Flats (Large Envelopes) ☐ __________

Post Cards ☐ __________

**Special Services:**

Certified ☐ Number of Pieces: __________

Return Receipt ☐ Number of Pieces: __________

Insured ☐ Number of Pieces: __________

Signature Confirmation ☐ Number of Pieces: __________

Express Mail ☐ Number of Pieces: __________

Packages ☐ (needs USPS Tracking Label) Number of Pieces: __________

Priority Mail ☐ Number of Pieces: __________

International Mail ☐ Number of Pieces: __________

For Mail Center Use:

Processing Mail Clerk Initials: __________ Date Received/Processed: __________

Total Number of Pieces Processed: __________ Total Postage Charged: __________

**Please fill out form and attach with requested mailing for processing.**