

POSTAGE METERED MAIL CHARGE SLIP

This slip must accompany any items being mailed or shipped. Please do not use slip for prepaid or prestamped mail. ALL information requested below must be completed to process your item(s). Slips that are incomplete, inaccurate or reproduced WILL NOT BE PROCESSED and will be returned to user department. One slip can be used for a single item or bundle/box of the same class of mail. Charge disputes are limited to 45 days of billing.

Institution _____ MAIL CODE NO. _____

Name of Sender _____ Ext. _____

Name of Department _____ Date _____

Check one or more items below as applicable:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 1st Class/Priority
under 11/over 11 oz. | <input type="checkbox"/> Express Mail
by Postal Svc. | <input type="checkbox"/> Fedex _____
Specify | <input type="checkbox"/> UPS _____
Specify |
| <input type="checkbox"/> Standard Mail
3rd-single piece | <input type="checkbox"/> Standard Mail
Library rate | <input type="checkbox"/> Standard Mail
4th-book rate | <input type="checkbox"/> Standard Mail
Non-profit/bulk—over 200 pieces |
| <input type="checkbox"/> Foreign
International | <input type="checkbox"/> Certified Mail
Accountable,
traceable | <input type="checkbox"/> Return Receipt
Date &
signature | <input type="checkbox"/> Insured/Value \$ _____
Declared amount of item |

Total number of letter items _____ Total number of flat items _____