

Date Submitted \_\_\_\_\_

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Account Title \_\_\_\_\_

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Acct.#

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Budget Purpose

Dept. Act. 1

Dept. Act. 2

Object

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

DPN \_\_\_\_\_ Mailcode \_\_\_\_\_

**Bulk Permit Mailing**

COMPLETE THIS SECTION FOR BULK MAILING		POSTAGE SERVICE OFFICE USE ONLY					
QUANTITY	TYPE	TT	SUB	B/C	I/E	UNITS	COSTS
	* Presorted – 1st Class	080					\$
	* Standard Nonprofit	083	3030				\$
	* Standard Mail (A)	083	3030				\$

**Postage Supplies**

COMPLETE THIS SECTION TO ORDER SUPPLIES		POSTAGE SERVICE OFFICE USE ONLY					
QTY.	TYPE OF SUPPLY	TT	SUB	B/C	I/E	UNITS	COSTS
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
_____¢	_____¢ stamps	081	1010				\$
	Single Postcards	081	1020				\$
	Business Reply Envelopes	081	1030				\$
	Business Reply Postcards	081	1031				\$
	Business Reply Labels	081	1032				\$
	Zip Code Directories	081	1080				\$
	Mailing Labels	081	1050				\$
Total							\$

Express Mail Tracking Number

**Express Mail**

Number \_\_\_\_\_

Cost Per Piece \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

Fiscal Officer Signature _____	Date _____
Postage Service Approval _____	Completion Date _____
Postage Service Reference Number _____	