

Communication Services Processing Form
Purchasing/Distribution Services
for
BULK MAIL, POSTAGE, UPS, FEDERAL EXPRESS and AIRBOURNE

This Form must be completed and submitted with each service request and attached to item(s) being processed.

Date: _____

School/Site: _____

Department: _____

Authorized Signature: _____

Account #(**mandatory**): ____ . ____ - ____ - ____ - ____ - 5900 - ____ - ____
Fund Resource Goal Function Object Location

For BULK MAIL, POSTAGE service, please give correct count

_____ = # of pieces _____

_____ = # of pieces _____

For UPS, FEDERAL EXPRESS AND AIRBOURNE service, please provide shipping address:

Ship to: _____

Comment _____

DO NOT WRITE BELOW THIS LINE

Date Picked up: _____

Date Processed: _____

By: _____ Cost of Postage: _____

Form #1010 (Rev. 8/03)

White – Accounting Canary – Purchasing Pink – Warehouse Goldenrod - School