

MAILING REQUEST

Date: _____ Bureau: _____

Division: _____ Program: _____

Employee: _____ Phone Number: _____

| Type of Mail | | No. of Pieces | Unit Cost | Total Cost |
|------------------------------------|--|---------------|-----------|------------|
| # 10 White Envelopes | | | | |
| | | | | |
| | | | | |
| | | | | |
| Kraft Envelopes or Packages | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Cost | | | | |

PROVIDE ACCOUNT CODES BELOW:

_____ Budget Fiscal Year _____ Business Area _____ Fund Number

_____ Functional Area _____ Cost Center _____ Internal Order Number