

## BULK MAIL REQUEST FORM

|                           |             |
|---------------------------|-------------|
| Person requesting service | Date needed |
| Department                |             |
| Telephone                 |             |

| Quantity | Description | Unit Price | Extension |
|----------|-------------|------------|-----------|
|          |             |            |           |
|          |             |            |           |
|          |             |            |           |
|          |             |            |           |
|          |             |            |           |
|          |             |            |           |
|          |             |            |           |

Mailing House: \$ -  
 Expected Mailing Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**This CHARGE section to be completed by department / group requesting the service**

| Index | Fund | Organization | Account | Debit |
|-------|------|--------------|---------|-------|
|       |      |              |         |       |
|       |      |              |         |       |

**This CREDIT section to be completed by General Accounting Office**

| Index | Fund   | Organization | Account | Credit |
|-------|--------|--------------|---------|--------|
|       | 10OPER | 5110         | 1516    |        |
|       |        |              |         |        |

|                                |               |       |
|--------------------------------|---------------|-------|
| General Accounting<br>Use Only | Journal Type: | Date: |
|                                |               | JV#   |

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Entered: \_\_\_\_\_ Date: \_\_\_\_\_