

**Mailroom Supplies Request**

**August 29, 2019**

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| **REQUESTOR NAME** | Please Enter Your Name | | | | | | | | | | |
| **DATE** | Click or tap to enter a date. | | | | | | | | | | |
| **DEPARTMENT/BUILDING/ROOM**  **#** | Please Enter Dept./ Bldg/Room # | | | | | | | | | | |
| **Paper Delivery** | Choose an item. | | | | | | # of boxes \_\_\_\_ | | | | |
| **Toner Delivery** | Choose an item. | | | | | | | | | | |
| **Postage Voucher** | Express . | Priority. | First Class | | Parcel Post | Certified Mail | | | Registered Mail | | Delivery Confirm |
|  | Signature Confirmation. | | | Quantity \_\_\_\_ | | | | Unit Cost $ \_\_\_\_\_\_\_\_\_\_\_ | | Extended Cost $ \_\_\_\_\_\_\_\_\_\_ | |
| **Pick up Request** |  | | | | | | | | | | |
| **Special Instructions** |  | | | | | | | | | | |