

AUTHORIZATION TO METER UNIVERSITY MAIL

DATE: _____

DEPARTMENT: _____

P.O. BOX #: _____

FUND				

ORGN				

ACCT				
7	4	2	3	0

PROG		

AUTHORIZED SIGNATURE: _____

(Information below will be completed by Campus Post Office Staff)

Amount charged to your budget on this authorization: \$ _____

Signed: _____
University Post Office Clerk

The amount of the charge listed will be charged to your budget. This is your record of the charge.

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