

Date Submitted _____

Account Title _____

AIS Acct.# +

Budget Purpose Dept. Act. 1 Dept. Act. 2 Object

FY

Name _____

Phone _____ Fax _____

E-Mail _____

Request for a New Mail Stop

Office Title _____

Location _____

Effective Date _____

A detailed memorandum must be attached to this form. The memorandum will include the department name, delivery address, effective date and signature of the department head. A mail code will be assigned as soon as all of the necessary information is obtained and approved.

Change an Existing Mail Stop

Mail Code _____ Effective Date _____

Name Change

Current Department Name _____

New Department Name _____

Delivery

Current Delivery Location _____

New Delivery Location _____

Justification for this change must be accompanied by the signature of the department head.

Bulletin Distribution ****A sample copy must be attached to this form.****

<All distributions are restricted to University Business>

Date to be processed _____

Number of copies per stop: _____ **or**

Deliver bulletin to: Faculty
 Faculty & Staff

Request to Process Mail without A Return Address

****A sample copy must be attached to this form.****

Date to be mailed _____

Number of pieces _____

Guidelines

1. All mailings are restricted to University Business
2. Addresses must include department *and* mailcode
3. Mailing must be arranged in numerical order by mailcode.
4. Multiple pieces destined for the same mailcode must be collated and rubberbanded.

Failure to follow these guidelines will result in a delay in processing your mailing.

Fiscal Officer Signature _____ Date _____

Campus Mail Approval _____

Date Request Completed _____