



Mailing Request Form UNIVERSITY MAIL SERVICES

		Dillard Building 864-656-7720	Job Number (For Office Use Only)
	Please	e complete each field and return to mailsmart@clems	son.edu
Customer Name		Requesting Department	Job Name
Email Address		Account Number/Full GL Code	Date Submitted
Contact Number		Authorized Signature	Job Due Date
Quantity		Job Description (include piece size, number	of inserts, etc.)
Select Postage Meth	nod	Select Class of Mail	*In order to qualify for bulk mailing po
	(permit)	Nonprofit (permit)	rates, the mailing must meet the follo
	eter		First Class Mail: 500 pieces
		First Class (permit)	Nonprofit Mail: 200 pieces
St	amp	Interoffice (on-campu	is)
		For Office Use Only	
		Description Amou	unt Charged
Date Job Received		Addressing Letter	
		Addressing Non-Letter	
Date List Received			
Date List Received		Addressing Minimum Charge	
Date List Received		Addressing Minimum Charge	
Date List Received Date Mailed		Sorting, Combining List into Zip Order	
Date Mailed		Sorting, Combining List into Zip Order	
		Sorting, Combining List into Zip Order Meter Sealing	Postage Total
Date Mailed		Sorting, Combining List into Zip Order Meter Sealing Tabbing	Postage Total
Date Mailed		Sorting, Combining List into Zip Order Meter Sealing Tabbing Set Up Charge	Postage Total
Date Mailed Actual Quantity		Sorting, Combining List into Zip Order Meter Sealing Tabbing Set Up Charge Interoffice Sort	
Date Mailed Actual Quantity		Sorting, Combining List into Zip Order Meter Sealing Tabbing Set Up Charge Interoffice Sort Inserting	Postage Total Postage Savings