College of DuPage
Postal Services Work Order

Postal Services
BIC 0535
630-942-2249

DATE IN	DATE MAILED	WORK ORDER #

RESPONSIBLE PERSON (PLEASE PRINT) | PHONE EXT.

DEPARTMENT NAME | DATE

APPROVED- Authorized Signature - Budget Director | $ AMOUNT

ACCOUNT NUMBER

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Internal Distribution

Mailroom distribution requests require approval of a Cabinet Officer prior to distribution.

Approval: _____

Could this message be sent via e-mail to conserve paper?

Distribute to:
- ☐ All Administrators
- ☐ All Supervisors
- ☐ Full Time Faculty
- ☐ Part Time Faculty
- ☐ All Classified

Distribution Date: ☐

TYPE OF MAILING : FIRST CLASS ☐ THIRD CLASS ☐ METERED ☐ AUTOMATION ☐ EXPRESS MAIL ☐

QTY	DESCRIPTION	UNIT COST	TOTAL COST

Work Order must be downloaded prior to submission Place Order

OPERATOR:

TOTAL $