



**JACKSON STATE UNIVERSITY**  
 Jackson, Mississippi  
**METER MAIL REQUISITION**

Date	P.O. Box	Department	Account No.	Phone No.

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

<b>CLASS</b>	<b>QUANTITY</b>	<b>SPECIAL SERVICES</b>	<b>FOAP</b>
First		Registered Amount	Fund
Parcel Post		Insured Amount	Organization
Printed Matter		Certified	Account No.
Book Rate		Returned Receipt	Program
Library Rate		Express	
Air Mail		Special Delivery	
Air Surface		Priority	
CAMPUS MAIL			
<b>TOTAL</b>		<b>COST</b>	

**METER READINGS**

<b>Start</b>		
<b>Finish</b>		
<b>Postage</b>		
<b>Adm. Charges</b>		

Prepared By:		Approved By:		Metered By: