JACKSON STATE UNIVERSITY

Jackson, Mississippi

METER MAIL REQUISITION

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

PLEASE PROVIDE THE FOLLOWING INFORMATION

CLASS	QUANTITY
First	
Parcel Post	
Printed Matter	
Book Rate	
Library Rate	
Air Mail	
Air Surface	
CAMPUS MAIL	
TOTAL	

SPECIAL SERVICES	
Registered Amount	
Insured Amount	
Certified	
Returned Receipt	
Express	
Special Delivery	
Priority	
COST	

FOAP	
Fund	
Organization	
Account No.	
Program	

METER READINGS

Start		
Finish		
Postage		
Adm. Charges		

SHIPPING INFORMATION FOR PACKAGES

RECIPIENT INFORMATION	
Recipient Name:	_____
Shipping Address:	_____
City, State, ZIP:	_____
CARRIER	SERVICE LEVEL
☐ USPS ☐ UPS	☐ Ground ☐ 2-Day Air ☐ Next Day Air
PACKAGE INFORMATION	
# of Packages:	_____
Weight:	_____
Special Instructions:	_____

Prepared By:		Approved By:		Metered By: