

Mail Center Work Order Form



DREXEL UNIVERSITY

Mail
Service

Department completes this information:

Today's Date: ___/___/___

Department Name: _____

Department Fund #: _____ Org #: _____

Authorized by: _____ Phone: _____

Quantity Description Domestic (U.S.) or International

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

All U.S.P.S. Domestic and International Mail must be accompanied by this form.

Drexel Mail Service completes this information:

Date Received: ___/___/___

Job #: _____

Date Completed: ___/___/___

Completed by: _____

Charge per Piece Sub-total

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Charge _____

PRESS FIRMLY TO READ CLEARLY ON THE CARBON COPY

White Copy – Drexel Department Copy | Yellow Copy – Attach to Mail Order

Form updated July 2019