



MAILING INFORMATION FORM

UNIVERSITY MAIL SERVICE (M/C 766)
1140 S Morgan St, Rm B30 PPB
Chicago, Illinois 60607-7141
Voice (312) 996-8571, Fax (312) 413-7730
E-mail mailservice@uic.edu

Department Name _____ Requisition Number _____
Room Number _____ Bldg Name _____ Date _____
Telephone Number _____ Fax _____ Mail Code _____

Method of Mailing/Shipping * (Keep Foreign and Campus Mail seperated)

First Class _____ Media mail (was Book Rate/Library Insured for (amount) _____
Non-Profit (200 piece min.) _____ Rate) _____ Certified Mail _____
*Foreign Air _____ Express _____ Registered Mail _____
*Foreign Surface _____ Chicago Area Messenger _____
*Campus Mail _____ UPS _____ Other (Specify) _____

Job Description

of Pieces: Exact if known _____ Materials list (labels, files, letters, brochures, etc) _____
or Approximately _____ **Person/Place to send overstock** _____

Insert _____
Label _____
Pressure Sensitive _____
Cheshire _____
Inkjet _____
Let Mail Service decide _____
Meter _____
Sort _____
Folding _____
Wafer/Envelope Seal _____
(Nonprofit mail automation
rate requires envelopes or seals)

Special Instructions Area

Chart Code (1 digit required)	Fund Code (6 digits required)	Organization Code (6 digits required)	Program Code (6 digits required)

X _____ X _____
Requested By (Please Print) Approved By (Signature)*

Do not write below this line

To be completed by Mail Service personnel

Date Tasks Completed _____ Job Number _____
Marked ready to bill by _____ on (date) _____ Number of Pieces _____

*Signature card must be on file in the Office of Business Affairs for individual approving this document.