



**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.