



A.S. Chargeback Request Postal Services

Contact Name	<input type="text"/>	Amount	<input type="text"/>
Phone	<input type="text"/>	Account	<input type="text"/>
Fax	<input type="text"/>	Fund	<input type="text"/>
Email	<input type="text"/>	Dept ID	<input type="text"/>
Location Code	<input type="text"/>		
Dept. Name	<input type="text"/>	complete as appropriate	
Date Needed	<input type="text"/>	Class	<input type="text"/>
Mail Drop	<input type="text"/>	Project	<input type="text"/>

Describe Service Required _____
 / Additional Information _____

Quantity _____

- | | | |
|---|-------------------------|---|
| <input type="checkbox"/> FIRST | First-Class Mail | <input type="checkbox"/> Registered |
| <input type="checkbox"/> INTERNATIONAL | International Airmail | <input type="checkbox"/> Certified |
| <input type="checkbox"/> LIBRARY | Library Mail | <input type="checkbox"/> Return Receipt |
| <input type="checkbox"/> OVERNIGHT MAIL | Express Mail Overnight | |
| <input type="checkbox"/> POSTCARD | Postcard | |
| <input type="checkbox"/> PRIORITY | Priority Mail | |
| <input type="checkbox"/> STANDARD | Standard Mail Nonprofit | |

 Advisor's Signature Date

Accounting Office Use Only

<input style="width: 90%;" type="text"/>	_____	_____
Auxiliary PO#	Auxiliary Signature	Date Approved