Seahawk Mail Center Work Request

Invoice #

Department: _____ **Phone:** _____

Contact: _____ **Fax:** _____

Title of Mailing: _____ **PO \ Print Request #**_____

Account & Fund #: _____ **Requested Mailing Date:** _____

Item	*Description*	*Quantity*

Mail Service	*Options*	*Mail Type*	*Mail Endorsement*
☐ Bulk Mail (non profit) ☐ Presort 1st Class ☐ Machine Metered ☐ Inter-Campus ☐ Media / Library ☐ International ☐ _____	☐ Direct Impression ☐ Machine label ☐ Hand Label ☐ Tabbing ☐ Sealing ☐ _____	☐ Self-Mailer ☐ Envelope ☐ Post Card ☐ Flat ☐ Publications ☐ _____	☐ No Endorsement ☐ Address Service Requested * ☐ Change Service Requested * ☐ Forwarding Service Requested * ☐ ACS code * #_____ (* Subject to additional postage charges)

Mailing List Names & Supplier	**Quantity Rec'd:**	**Date Rec'd:**
Material will be Delivered By:		

Special Instructions (Please detail as much information as possible)**:**

Important mail list processing options (please complete)

Do you want to delete duplicates? ☐ No ☐ Yes
If **yes**, how would you like to reference Duplicates? ☐ Exact name ☐ Exact address
Do you want to correct undeliverable addresses before mailing? ☐ No ☐ Yes
Do you want to mail undeliverable addresses? ☐ No ☐ Yes
If **yes**, you may be subject to additional postage charges for BRM (*contact mail center for details*).
Do you want a report of all deliverable addresses with changes? ☐ No ☐ Yes
Do you want a report of all undeliverable addresses with error codes? ☐ No ☐ Yes
Save ACS information**:** ☐ Hard copy ☐ Disk ☐ E-mail to:_____

☐ **Deliver extra material to**: _____ ☐ **Dispose of excess Material** _____.
Initial

Authorization Signature: _____ **Date** _____

Any questions or need help completing this form call the Mail Center @ 3734 or Email us: mailcenter@uncw.edu

CD00026