

SUPPLY LIST ORDER FORM

DATE (MM/DD/YEAR) _____

NAME AND DEPARTMENT _____

LOCATION: Room _____ Building _____

CONTACT PHONE NUMBER: _____

ENVELOPES

Express Mail Envelopes		
Selection	Quantity	Item
		Cardboard
		Paper

Priority Mail Envelopes <small>(All envelopes may be used for Domestic or International mail.)</small>		
Selection	Quantity	Item
		Domestic
		International <small>(Global Priority Requires a Declaration Form)</small>
		Flat Rate Boxes

Interoffice Envelopes		
Selection	Quantity	Item
		<small>(Available only when Mail Services has a supply in the Office)</small>

LABELS

Selection	Quantity	Item
		Certified
		Registered
		Insured
		Express

OTHER

Return Receipt		
Selection	Quantity	Item
		Domestic <small>(Green)</small>
		International <small>(Pink)</small>

Declaration Form		
Selection	Quantity	Item
		Small
		Large <small>(For boxes & large packages)</small>

***NOTE:** Address on the Declaration form must be the same as the address on the mailing.