



Mail Services Count Slip

Date: _____

Department Name: _____

Department Contact: _____

Department Phone #: _____

	#10 (Standard)	6" x 9"	Postcards
Number of pieces:	_____	_____	_____
	Flats	International/ Canadian Mail	Other (please specify)
Number of pieces:	_____	_____	_____

Total number of pieces being mailed: _____

*Note: Please **DO NOT** include interdepartmental or stamped mail in the count.

Important Comments: _____



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