



UNIVERSITY
OF
LOUISIANA
L a f a y e t t e

Metered Mail Summary Form

To: Louisiana Lafayette Post Office Postage Meter Operator

From: _____

Subject: (Content of the mail out) _____

Please meter the accompanying mail out and charge to the department / account listed below:

Department: _____

Charge to Account #: _____

Number of Pieces to be Mailed: Letters: _____ Parcel: _____
Flats: _____ Boxes: _____
International : _____

Approved by/ Date of Approval: _____
(Department Head Signature & Date)

Student Worker Who Dropped off Mail: _____
(Please Sign & Print)

-----FOR POST OFFICE USE ONLY-----

Date & Time Mail was Received in Post Office: _____

Postal Worker Who Ran Mail: _____

Date Mail Was Run: _____