Stony Brook University

Mail Services Requisition Form

MAIL SERVICES REQUISITION
(For Off-Campus Mail Only)

DATE:

Check box only if dept. wants charged copy returned ☐

INSTRUCTIONS: 1. Type or print legibly 2. Obtain signature of Dept. Head or Designee 3. Please include special instructions, if any, and provide telephone extension. Send entire page with mail to Mail Services

CHARGE TO: ☐ **STATE** ☐ **RESEARCH** ☐ **AFFILIATED ORGANIZTION**

Department Name	ZIP + 4	Account or Grant #	Object Code (check one) ☐ 9400 State ☐ 6507 Research

Special Instructions:

Extension: Authorized Signature:

FOR MAIL SERVICES ONLY			FOR OFFICE USE ONLY	
1	2	3	AMOUNT CHARGED $	REMARKS

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