

REQUEST FOR INTER-CAMPUS MAIL DISTRIBUTION

DATE: _____

Please complete this form for mail distribution. Also, a sample of the mail piece **MUST** accompany this form. **IMPORTANT: Please contact Campus Mail Services at (919)382-4500 to coordinate mailing.**

CONTACT INFORMATION

Name: _____ Telephone: () _____
 Department: _____ Cost Center (to be Billed): _____
 Location: _____ Building: _____ Box #: _____
 Approved By: _____ Telephone: _____
 Name or Title of mailpiece: _____
 Date requested for distribution: _____ Sample Provided? YES / NO

DISTRIBUTION INFORMATION

Please distribute to the following: (People, Department, Students. etc.) **Total count:** _____

For Students: First Year: Sophomore: Junior: Senior:
 For Departments: Duke University Duke University Health Systems
 Other: _____

OTHER INSTRUCTIONS

Comments: _____

NOTE: Please return leftover stock? Back to Department Box # _____ Discard/Trash

BILLING INFORMATION (to be completed by Campus Mail Services Only)

Payment: Check #: _____ Cash: _____ Total Amount: \$ _____
 Charge to: Cost Center Code: _____ Pieces (x) \$ _____
 Check deposited or mailed to: _____ Date: _____

DISTRIBUTION		BILLING/ CHARGEBACK
WPO - Received By: _____		Billed By: _____
Completion Date: ____/____/____		Completion Date: _____ Time: _____
DS - Received By: _____		Confirmation sent: Yes / No Date: _____
Completion Date: ____/____/____		Invoice to customer: Yes / No Date: _____