

## Campus Services Mail Center

300 N.E. Second Avenue Miami, Fl 33132 Ph: (305) 237- 3457

Fax: (305) 237-3790

Please fill-in this work request all applicable sections as completely as possible. Use one form for each mailing or disstribution job requested. Check with the mailroom for guidelines in the creation of your mailing pieces. A completed work request is required for all jobs.

| INTERNAL AUTHORIZATION FORM                                                                                     |                                         |                        |           |            |                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|-----------|------------|------------------------------------------------------------------------------------|--|
| Requested by:                                                                                                   |                                         | Phone: D               |           | Dept/Di    | Dept/Division:                                                                     |  |
| Authorized by:                                                                                                  |                                         | Dean Signature:        |           | Γ          | Date:                                                                              |  |
| Account to Charge:                                                                                              | Ever                                    | nt:                    |           |            |                                                                                    |  |
| Date Submitted:                                                                                                 |                                         | Date Required:         |           |            |                                                                                    |  |
| [ ] Express Mail                                                                                                |                                         | [ ] Other Costly Mail  |           |            |                                                                                    |  |
| <b>Distribution:</b> [ ] M                                                                                      |                                         | emorandum              |           | [ ] Oth    | [ ] Other                                                                          |  |
| WOLFSON CAMPUS                                                                                                  |                                         |                        |           | MDC        |                                                                                    |  |
| [ ] All Employee                                                                                                | es []F                                  | Faculty / Ful          | ll Time   | [] A       | All Employees                                                                      |  |
| [ ] NWSA at Wolfson                                                                                             |                                         | [ ]District at Wolfson |           | []]        | [] Faculty / Full-time                                                             |  |
| [ ] Other                                                                                                       |                                         |                        |           | [](        | OTher                                                                              |  |
| METERED MA                                                                                                      | AIL                                     | NUMBE                  | R OF PIEC | <b>ES</b>  |                                                                                    |  |
| [ ] First class                                                                                                 | [ ] First class [ ] Presort first class |                        |           | ationa     | [ ] Other                                                                          |  |
| Estimated Number of Pieces:                                                                                     |                                         |                        |           | ttach Samp | le                                                                                 |  |
| [ ] Bulk mail third class (more than 200 pcs at one time [ ] Presort first class (more than 500 pcs at one time |                                         |                        |           |            | Mail should be at<br>Mail Center before<br>3:00 PM to be<br>processed the same day |  |

Using indicia (permit imprint) and submit in zip code order PREPARE IN DUPLICATE IF YOU NEED A RECEIPT