New Mexico State University
Mail Services

Authorization for Outgoing Postage

All fields in Section 1 are required. Complete and attach original to outgoing mail. Mail Services staff will pick up outgoing mail at the department.

SECTION 1: REQUESTOR INFORMATION AND TRANSACTION AUTHORIZATION

Department Contact _____   **Date** _____

Department _____   **Index** _____

Email _____   **Phone** _____

Business purpose of items being mailed:

Type of postage requested: ☐ **Bulk Mail**   ☐ **1st Class**

Number of items to be mailed: [ ]

_____   _____
Employee Name (person authorizing mail service)   **Employee Signature**

By signing above I indicate that I am authorized to provide the Banner index number listed for postage or related mail service fees. I understand if the Banner index number provided is not valid or must be changed the department may be charged an additional fee for the correction.

Mail Services Staff Initials_____
Date _____

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SECTION 2: MAIL SERVICES DEPARTMENT USE ONLY

Date _____   **Type of postage:** ☐ **Bulk Mail**   ☐ **1st Class**

Index _____

Mail Services Staff Initials _____