



WINSTON-SALEM
STATE UNIVERSITY

POST OFFICE
Departmental Mailing Form

Date: _____ **FUND No.**

Department: _____

Print Name: _____

Approving Signature: _____

For Internal Use Only

Number of Pieces: _____ **Start Count** _____ **End Count** _____

Postage: Beginning _____ **End** _____ **Total** _____

Total Charged to Fund: \$ _____

Clerk Initials : _____

Date Shipped: _____