



CHARLESTON SOUTHERN UNIVERSITY

Cust Ref # _____	<---1st 4 of dept #
Title of Mailing: _____	
(US Post Office to reference this info)	

STANDARD AND PRESORTED FIRST CLASS MAIL FORM

**TO ALL CSU DEPARTMENTS : EMAIL THIS FORM TO: postoffice@csuniv.edu
One Month PRIOR TO YOUR MAILING TO ENSURE SUFFICIENT FUNDS ARE AVAILABLE.**

ACCOUNT #: _____	CONTACT PERSON: _____
DEPT NAME: _____	CONTACT PHONE: _____
TITLE of MAILING: _____	DATE SUBMITTED By Dept: _____

TYPE OF MAIL	Qty.	
Permit 1202	<input type="text"/>	200 minimum pieces for standard 3rd class bulk rate in zip code order
Presorted	<input type="text"/>	500 minimum pieces for presorted first class in zip code order

**** For CSU Post Office, or Vendor Use Only ****		
Quoted Charges	Actual Charges	Change from Quote
\$	\$	\$

\$	\$	\$
----	----	----

Notes to vendor: You are not authorized to start work until: (1) you have supplied the CSU Postmaster with the "Quoted Charges" for this job, and (2) you have received a CSU Postmaster approved form. NOTE: Any changes to the "Quoted Charges" are to be recorded in the "Actual Charges" column and emailed to the CSU Postmaster immediately in order to have sufficient postage for mailing. Also, please give a copy of this form, or the Cust Ref #, above, to the US Postmaster for postage charge approvals with CSU. Thank you. CSU Postmaster

Name of vendor selected for bulk mail processing: _____

(Please contact CSU Postmaster at 843-863-8015 or postoffice@csuniv.edu if you have any questions.

CSU Postmaster Job Approval: _____	Date: _____
------------------------------------	-------------

Initial and date received: _____