

DePaul Print & Mailing Services

Loop . 1 East Jackson Blvd . Lower Level . 312/362-8367 . PrintandMailing@depaul.edu

POSTAGE CHARGEBACK INFORMATION

Date: _____

Submitted by: _____

Department Name associated with Deptid: _____

Dept. ID: _____ **Program Code:** _____

Mailing Name (Description for Mobius Report): _____

Total Postage Charged: \$ _____ **Time/Date of Transaction:** _____

Note to Department: We will post and record information on this sheet and return to you with your next mail run.

Note to Mailroom Staff: Please complete this form and hand to Manager. Thank you.