UPS APPROVAL FORM

Date: ___________  Department Code: ___________

Sender: __________________________________________  Department Name: ________________
Please Print

The above named wishes to send this letter/package by UPS.

By signing below, the Chairperson agrees that the cost of sending this letter/packet by UPS will be billed to the appropriate non-tax levy account.

_________________________  ___________________________  ___________
Chairperson/Director’s Printed Name  Signature  Date

OR

_________________________  ___________________________  ___________
Division VP’s Printed Name  Signature  Date

UPS Mail is sent from the Mailroom, Room L2.66.00 and has to be there by 2:00pm to be processed the same day.