

Postal Charge Slip

Date	Department
Name	Recharge (LVPA) #
<p>CHECK ONE:</p> <p>DOMESTIC</p> <p><input type="checkbox"/> 1st Class</p> <p><input type="checkbox"/> Priority</p> <p><input type="checkbox"/> Media Mail (book/library)</p> <p><input type="checkbox"/> Parcel Post</p> <p>INTERNATIONAL</p> <p><input type="checkbox"/> Global Priority</p> <p>LETTER POST</p> <p><input type="checkbox"/> Air</p> <p><input type="checkbox"/> Economy (surface)</p> <p>PARCEL POST</p> <p><input type="checkbox"/> Air</p> <p><input type="checkbox"/> Economy (surface)</p>	<p>SPECIAL INSTRUCTIONS:</p>
<p>CHECK ONE:</p> <p><input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Return Receipt</p> <p><input type="checkbox"/> Insured (\$_____)</p> <p><input type="checkbox"/> Registered</p>	