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.