FAU BULK MAIL ACCEPTANCE FORM

(Three copies of this form are required)

All mailing need to be consulted by mail center due to USPS regulation. Please call 561-297-3172.

WORKDAY SMA	ARTTAG # (Dep	#): Please Check One:				
	Department N	ame:			FIRST CLASS BU	LK MAIL
	Pho	ne #:			BULK STANDAR	D MAIL
]	Date:				
Authorized Departs	mental Signature_		Printed Name			
Non-Profit Bulk Mail	Quantity	Bulk Mail Standard cost less to the U.S. Post Office, it may rates with a 1-3 day set delive	take up to an additional ten o	=		
					FAU Post Office	e use only:
Expected Date to Reci	pient				Permit \$	
DATE					Process \$	
					Pick-up Date	
	Minimum					•
	200 pcs NPM	For assistance call: 561-297-3	172			
	500 pcs FCM					
What is the title of yo	ur mail piece?					
Indicate your spec	cial instructions l	nere. Please include address	services that you will re	quire.		
Please submit this Voucher & two samples of your mail piece along with any disks and/or labels to the F				FAU Mail Center.	Pick-up Date:	
FAU Postmaster/ Bu	ılk Mail Coordinato	r Signature				
Please check One:		Direct from Printer to Post O	ffice	Through Campus M	Iail Center	
PLEASE NOTE:						
-Timeline for job co	IS: Please forward th	iscussed and determined by custon his form, along with the mailing, t Please forward a copy of this for	o U.S. Post Office for process	ing. Failure to do so w	ill delay mailing.	cation.
- U.S Post Office: Pl	lease attach a copy o	of this form to the 3602-N form so	mailing can be identified. Th	e copy must reflect aut	thorized signature.	

Florida Atlantic University appreciates your assistance in tracking and identifying all of our mailings.