

**FLORIDA ATLANTIC UNIVERSITY**  
Mail Center – Extension 6-3386  
**MAIL TRANSFER VOUCHER**

**Date:** \_\_\_\_\_

**Fund:** \_\_\_\_\_

**Index:** \_\_\_\_\_

**Org:** \_\_\_\_\_

Description/Class	Quantity	Amount
Book Rate	_____	_____
First Class	_____	_____
Certified Mail	_____	_____
Express Mail	_____	_____
Library Rate	_____	_____
International	_____	_____

**TOTAL CHARGE:** \_\_\_\_\_

I certify that the pieces of mail indicated on this voucher do not contain personal mail.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Department Name**

\_\_\_\_\_  
**Extension**

**NOTE:** 1) Incomplete vouchers will be returned for completion. 2) All envelopes used for metered mail must indicate return address: Florida Atlantic University, Department Name, 500 N.W. California Boulevard, Port St. Lucie, FL 34986.

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