

required amount, regardless of the resulting departmental balance.

## **Postage Authorization Form**

From:	Account #:		
	(Department Name)		
Phone #:	Date:		
	Each piece of mail must be identified and separated by its classificati ernational and must have a Postage Authorization Form attached. E First Class Mail unless marked otherwise on the Postal Aut	ach type of mai	I will be sent as
		UCF Postal Services Use Only	
PIECES	CLASSIFICATION (Prices Last Updated 11-Feb-2020)	Actual Pieces	Postage Total
DOMESTIC	C MAIL TYPE:		
	First-Class: Letters - <b>\$0.50</b> and up by weight		
	First-Class: Large Envelopes (Flats) \$1.00 and up by weight		
	First-Class: Packages/Parcels \$3.80 and up by zone		
	Priority Mail: Letters & Packages \$7.50 and up by zone		
	Priority Flat Rate Envelope \$7.75		
	Priority Flat Rate Box (Small \$8.30)		
	Priority Flat Rate Box (Medium \$15.05)		
	Priority Flat Rate Box (Large \$21.10)		
	Express Flat Rate Envelope (Overnight) \$26.35 minimum		
	Library Rate: (Library to Library mail) \$2.66 and up by weight		
	Media Mail (See USPS Site For Rules) \$2.80 and up by weight		
	Certified With Return Receipt \$6.90 plus postage		
	Electronic Certified \$5.75 plus postage		
	Signature Confirmation \$3.15 plus postage		
	Insured (Please indicate insurance amount on package or		
	separate schedule – Maximum Liability \$5,000) \$7.10 for \$500		
	Post Cards: <b>\$0.35</b>		
INTERNATIONAL MAIL TYPE: Custom forms needed for all International Mail except Letters			
	First Class: Letters - \$1.20 and up		
	First Class: Large Envelopes (Flats) \$2.40 and up by weight		
	First Class: Packages \$12.25 and up by weight and by country		
	Post Cards: \$1.20		
	Priority Mail International (Limited Destinations \$37.40 and up)		
All postage charge permission forms must be signed by an authorized department representative prior to processing mail and must not include personal mail. Please call us at extension 3-2400 with any questions on how to process your mail.			
Authorized Representative (Please Print)  Signature - Authorized Department Representative  By submission of this form I certify that the department listed has sufficient funds for this transaction and give UCF Postal Services permission to recover the			