S&R use only, please - Budget Approver:			
OSP Approver:	Total:		
VIRGINIA INSTITUTE OF MARINE SCIENCE Shipping and Receiving Mail Authorization Form			
Date: Index Number:			
Department:			
Sender's Name:			
Contents:			
Value: Special Services (insurance, signature required):			
M. W. G	l No. 10 C	COD	
Mailing Service: All letters, flats and parcels will be sent with First-class postage or the equivalent. If you prefer a different class of service, please record it below.	Number of Pieces	S&R use only, please Piece Count	
If sending parcels, please include recipient addresse	es below.		
Recipient Address: Recip	Recipient Address:		
Recipient Address: Recip	Recipient Address:		
Please attach completed forms to the outgoing mail piec	es and subn	nit to S&R.	