

Postage Authorization Form

From: _		Company:		Program:	
	Department Name)	Division:		Financial Site:	
Phone #: _		Cost Center:		Worktag:	
Date:		Fund:		Worktag:	
Each piece of mail must be identified and separated by its classification type, either Domestic or International and must have a Postage Authorization Form attached. Each type of mail will be sent as First Class Mail unless marked otherwise on the Postal Authorization Form.					
		CLASSIFICATION (Prices Last Updated 29-March-2024)		UCF Postal Services Use Only	
PIECES	CLASSIFICATION (I			Actual Pieces	Postage Total
DOMESTIC MAIL TYPE:					
	First-Class: Letters - \$0.64 and up by weight				
	First-Class: Large Envelopes (Flats) \$1.39 and up by weight				
	Package Services \$5.00 and up by zone				
	Priority Mail: Letters & Packages \$9.25 and up by zone				
	Priority Flat Rate Envelope \$9.85				
	Priority Flat Rate Box (Small \$10.40)				
	Priority Flat Rate Box (Medium \$18.40)				
	Priority Flat Rate Box (Large \$24.75)				
	Priority Mail Express \$30.45 minimum				
	Library Rate: (Library to Library mail) \$3.92 and up by weight				
	Media Mail (See USPS Site For Rules) \$4.13 and up by weight				
	Certified With Return Receipt \$8.69 minimum				
	Post Cards: \$0.53				
	+ Signature Confirmation \$4.15 plus postage				
	+ Insured (Please indicate insurance amount on package or separate				
	schedule – Maximum Liability \$5,000) 9.15 (plus postage) for \$500				
	+ Insured 12.25 & up depe				
INTERNATIONAL MAIL TYPE: Custom forms needed for all International Mail except Letters					
	First Class: Letters - \$1				
	First Class: Large Enve	* ` ′	<u> </u>		
	First Class: Packages \$17.00 and up by weight and by country				
	Post Cards: \$1.55				
	Priority Mail International (Limited Destinations \$42.95 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 required amount, regardless of the resulting departmental balance.