

Grady College of Journalism and Mass Communication University of Georgia

Request for Express / Priority Mail Form

Please Select One:

- Ground
- 2nd Day
- Next Day
- International

PLEASE PRINT CLEARLY

Today's Date: _____

Shipper's Name: _____

Department: _____

Recipient's Name / Company: _____

Recipient's Address: _____

Recipient's Phone #: _____

JUSTIFICATION OF EXPRESS / PRIORITY MAIL

Provide a brief justification of the need for express / priority mail:

Chartstring to Charge:

Fund: _____

Program: _____

Dept ID: _____

Class: _____

Chartfield1: _____ (if applicable)

**Approval Signature of Department Head /
Team Leader or Business Office** (person who
oversees management of the chartstring)