



# BUSINESS REPLY PERMIT #310

## Application for Use

Requestor's Name

Date

**Purpose:**

Department Name

Department ID

**Method of Repayment:**

SOV

Check

**Approx. Number Pieces Outgoing:**

Post Cards \_\_\_\_\_

Letters \_\_\_\_\_

**Approx. Number Pieces Under One Ounce:**

\_\_\_\_\_

**Approx. Number Pieces Over One Ounce:**

\_\_\_\_\_

**Est. Number of Returns:** \_\_\_\_\_

**Est. Time Allowed for Returns:** \_\_\_\_\_

**AGREEMENT:** I understand that reimbursement will be made by the method indicated above for the actual cost of all Business Reply Mail received within a reasonable time following the completion of the purpose for which this authorization is intended.

Printed Name of Person Responsible for Pmt.

Applicant's Signature

Date

Approver, Director of Fiscal Svcs., KU Libraries

Date

Send the original copy or scanned signed copy to the University of Kansas Campus Mail (jrichey@ku.edu) for approval.