

<i>The UNIVERSITY of OKLAHOMA</i> HEALTH SCIENCES CENTER DEPARTMENTAL MAIL VOUCHER		
DATE:	TELEPHONE EXTENSION:	
SENDER NAME		
DEPARTMENT		
CHARGE POSTAGE TO THE FOLLOWING CFS		
FUND:		
ORG:		
FUNCTION:		
ENTITY:		
SOURCE:		
PURPOSE:		
PROJECT:		
Please fill in the number of pieces attached		
TYPE	PIECES	DESCRIPTION/COMMENTS
FIRST CLASS		
REG'S & SPECIALS, EXPRESS, BULK, ETC		
PLEASE KEEP A COPY FOR YOUR RECORDS		
Rev Jun 2020		

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