



Mail Services
Shipping and Receiving
1002 Chestnut Street
Jefferson City, MO 65101

MAIL SERVICES TRANSMITTAL FORM

DROP OFF DATE:

DEPARTMENT NAME:

DEPT CONTACT NAME/PHONE:

DEPARTMENT CODE:

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|--|--|--|--|--|

OR

PROJECT NUMBER:

MAIL SERVICES USE ONLY

PROCESS DATE/POSTAGE CHARGED:

Special Instructions and Needs:

For questions, comments or concerns, please email:
mailservices@lincolnu.edu