Mail Count Form

PLEASE FILL OUT THE DETAILS AND TABLE BELOW WITH THE ITEMS YOU WISH TO BE PROCESSED AS OUTGOING MAIL:

|  |  |
| --- | --- |
| **Department** |  |
| **Site** |  |
| **Cost Centre** |  |
| **Date** |  |

**Service Use Only**

|  |  |  |
| --- | --- | --- |
| **Product Description** | **Quantity** | **Logistics Use**  |
| Letter – 2nd class  |  |  |
| Large Letter |  |  |
| Small Parcel |  |  |
| Medium Parcel |  |  |
| Special Requirements (special delivery, recorded, guaranteed delivery etc) |  |  |

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****Department Sign Off (PRINT):

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Department Sign Off (SIGNATURE):

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Porter Sign Off:

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