

The University of Kansas
Business Reply Permit #310

Application for Use

Requested by: _____ Date: _____

Purpose: _____

Department Name: _____

Method of Repayment: SOV _____ KU Acct. _____ Check _____

Approximate No. Pieces Outgoing: Post Cards _____ Letters _____

Approximate No. Pieces Under One Ounce: _____ Over One Ounce: _____

Estimated Number of Returns: _____ Estimated 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.

Applicant's Signature

Name of person responsible for
KU account number listed above.

APPROVED: _____
Assistant Comptroller

Send the original copy of the approved application to the University of Kansas Campus Mail Office with the order for service.