

THE UNIVERSITY OF OKLAHOMA  
HEALTH SCIENCES CENTER  
DEPARTMENTAL MAIL VOUCHER

DATE	TEL. EXT.
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SENDER NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

FUND: \_\_\_\_\_ ORG: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ SUBCLASS: \_\_\_\_\_

PROJECT / GRANT: \_\_\_\_\_

**FOR CENTRAL MAIL USE ONLY**

REFERENCE NUMBER	NUMBER PIECES	UNIT COST	AMOUNT
FIRST 01			
REG'S & SPECIALS 04			
FOREIGN 05			