



U.S. MAIL CONTROL DOCUMENT

DEPARTMENT NAME			STOP #
FUND	ORG	PROJECT #	ACTIVITY #

Contact Person: _____ Phone No. _____

Authorized Signature: _____ Phone No. _____

Mail Prep Date: _____ Piece Ct. _____

Comments or Special Instructions: _____

Your mail will be returned if this form is not filled out completely or does not have an authorized signature.

CP-MCD02

WHITE - MAILROOM COPY • CANARY - ORIGINATING DEPARTMENT



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