

**WC CENTRAL SERVICES OUTGOING MAIL/PACKAGE FORM FOR WC DEPARTMENTS**

**ALL areas below MUST be filled out in full**

DEPARTMENT (NAME): \_\_\_\_\_

SENDER NAME: \_\_\_\_\_

DEPARTMENT ACCOUNT TO CHARGE POSTAGE/SHIPPING TO: \_\_\_\_\_

**FOR PACKAGES:**

EXACT NAME OF PERSON BEING SHIPPED TO: \_\_\_\_\_

EXACT FULL ADDRESS OF RECEIPIENT:

\_\_\_\_\_

\_\_\_\_\_