De La Salle University – Dasmariñas
City of Dasmariñas, Cavite

GENERAL SERVICES OFFICE

OFFICIAL MAILING FORM

□ **Courier**
□ **Post Office**

Name of Sender : _____
Department : _____ Charge to: _____
Date : _____
Purpose : _____
Approved by : _____

Addressee	Cost of Mail

De La Salle University – Dasmariñas
City of Dasmariñas, Cavite

GENERAL SERVICES OFFICE

OFFICIAL MAILING FORM

□ **Courier**
□ **Post Office**

Name of Sender : _____
Department : _____ Charge to: _____
Date : _____
Purpose : _____
Approved by : _____

Addressee	Cost of Mail