

SAMPLE MAIL TRACKING REPORT

MAIL TRACKING REPORT

DISTRICT OFFICE _____

MONTH/YEAR _____

	Number Sampled	Number of Days to Place								Number Unplaced	Number Lost
		0-2	3-5	6-10	11-15	16-20	21-25	26-30	>30		
Claims											
Bills											
Mail from Contractors											
Faxes											
O T H E R M A I L	Certified Mail										
	Claimant Letters										
	Attending Dr. Rpts.										
	Delivered by Hand										
Totals											