

MSU Mail Services

Mail Services Job Order

Date: _____

Approved for Mailing: _____

Department: _____

Mail Stop: _____ Phone No.: _____

Billing No.: _____

Description _____

FOR MAIL SERVICES USE ONLY		
# of Pieces	Description of Services	Operator
<input type="checkbox"/>	Computer Generated Mail	
<input type="checkbox"/>	Automated Folding & Inserting	
<input type="checkbox"/>	# of Inserts _____	
<input type="checkbox"/>	Automated Labeling	
<input type="checkbox"/>	<input type="checkbox"/> Furnished Labels	
<input type="checkbox"/>	<input type="checkbox"/> MS Printed Labels	
<input type="checkbox"/>	<input type="checkbox"/> Hand Application of Furnished Labels	
<input type="checkbox"/>	Tabbing # of Tabs	
<input type="checkbox"/>	Manual Inserting # of Inserts _____	
<input type="checkbox"/>	Manual Sorted Bulk	
<input type="checkbox"/>	Permit Postage	
<input type="checkbox"/>	Other	
Completed Date _____		Postage Charge
Invoice # _____		Total Charge

JOB #