MSU Mail Services

Mail Services Job Order

Date: _____

Approved for Mailing: _____

Department: _____

Mail Stop: _____ Phone No.: _____

Billing No.: _____

AR-Account # | | | – | | | – | | | | | – | | | | | | | – | | | |

Description _____

_____

_____

_____

_____

FOR MAIL SERVICES USE ONLY

	# of Pieces	Description of Services	Operator
☐		Computer Generated Mail	
☐		Automated Folding & Inserting	
☐		# of Inserts _____	
☐		Automated Labeling	
☐		❑ Furnished Labels	
☐		❑ MS Printed Labels	
☐		❑ Hand Application of Furnished Labels	
☐		Tabbing # of Tabs	
☐		Manual Inserting # of Inserts _____	
☐		Manual Sorted Bulk	
☐		Permit Postage	
☐		Other	

Completed Date _____ **Postage Charge**

Invoice # _____ **Total Charge**

JOB #

0 Yellow — Mail Services Green — Department