## When completed fax to 884-5745

## **Bulk Mail Work Authorization and Specification Sheet**

Job Number:	To	oday's Date:		
Name of Job:				
11 Digit Account Number:				
Department:	A	ccount Name:		
Signature:	Co	ontact Person:		
Surplus address:	P	hone Number:		
	Da	ate out of Printing Servi	ces:	
	Pı	rinting Services CSR:		
Mail Class? (Circle): <u>First Class</u> Are labels attached? yes / no				<u>Periodicals</u>
Is Sample Weight needed for Production	1 Support? yes / no	Final size of ma	il piece:	
Expected quantity of mail pieces:				
Self-mailer or Envelopes f	urnished by		, and	# of Inserts.
What inserts?				
Remarks or Mailing Address:				
Below f	or Bu	ulk M	ai	il Use
PRODUCTION SUPPORT:				
Date Called: Spoke	to:			
Wt:	Flat or Letter Sor	t: M		
Request Endorsement Line? yes	/ no			
Date received:	,CASS attached?	? yes no		
Peeloff 1up 2up 3up 4up	Barcoded:	Tab	:	
Cheshire 3up 4up	Non-BC:		1 Tab	2 Tabs Special
Inkjet	Campus:			
Labeled by Customer	Foreign:			
Pre-addressed	Quantity:			
MISCELLANEOUS LABOR:			_	<del>_</del> _
Seal Indicia Identical	Meter Non-ld.	Layout Layout	order •	Endorsement