

Bulk Mail Work Authorization Specification Sheet

Job Number: _____ Today's Date: _____

Name of Job: _____

MoCode: _____ PS Account: _____

Department: _____ Account Name: _____

Signature: _____ Contact Person: _____

Surplus Address: _____ Phone Number: _____

Date out of Printing Services: _____

Printing Services CSR: _____

Mail Class?

First Class Non-Profit Presorted Standard Campus Mail UPS Periodicals

***Sample weight should be provided**

Data Set provided by: _____

Date provided: _____

Final size of mail piece: _____ Expected quantity of mailing: _____

Self-Mailer Envelopes furnished by _____, and _____ # of inserts.

Insert 1: _____

Insert 2: _____

Insert 3: _____

Remarks for mailing addresses:

BULK MAIL USE

PRODUCTION SUPPORT:

Date Called: _____ Spoke to: _____

Weight: _____ Thickness: _____ Flat or Letter

Date received: _____

NCOA	Barcoded: _____	Tab: _____	
Inkjet	Non_BC: _____	1Tab	2Tab
Pre-addresses	Campus: _____	3Tab	Special
Repeat list	Foreign: _____		
	Quantity: _____		

MISCELLANEOUS LABOR:

Seal	Indicia	Layout (mixed, ZIP-sort, hourly rate)	In ZIP order (Var data)	Endorsement (Return Address Requested)
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