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WORK ORDER FORM

DATE _____ AGENCY _____

CONTACT _____ PHONE# _____

BUDGET ACCOUNT _____ JOB NAME _____

TOTAL QUANTITY OF MAILING _____ DATE TO BE COMPLETED _____

NUMBER OF INSERTS PER ENVELOPE _____ ENVELOPE SIZE _____

INSERT DESCRIPTION: 1) _____ 2) _____

3) _____ 4) _____ 5) _____

FOLDING 1) _____ 2) _____

3) _____ 4) _____ 5) _____

SPECIAL INSTRUCTIONS _____

SIGNATURE _____