

University of Kentucky Postal Services

Bulk Mail Section - Job Order Request

COMPUTER GENERATED MAILING LIST

D.S. #	*Postal Code:	
CHARGE ACCOUNT INFORMATION		
*ACCT #	OBJ CODE	USER CODE

(Campus)
For Office Use Only
Campus Labels Ordered on: _____
Campus Labels Received on: _____

This form is used for ordering labels only or full service mailings

Customer Data

* DATE SUBMITTED	*DATE REQUIRED	*DEPARTMENT:	*SPEED SORT:
		ROOM & BLDG.	
* SUBJECT OF MATERIAL:		*EMAIL ADDRESS:	
		*PERSON TO CONTACT:	*PHONE #
SPECIAL INSTRUCTIONS:			

CLASS OF MAIL: 1ST CLASS PRESORT STANDARD NON PROFIT CAMPUS INTERNATIONAL
 DEPARTMENT PROVIDED LABELS* (Department is solely responsible for content of labels provided.)

MAIL LIST: please check at least one in EACH SELECTION

EMPLOYEE SELECTION:	ADDITIONAL EMPLOYEE SELECTION	ORGANIZATION SELECTION
<input type="checkbox"/> REGULAR FULL-TIME	<input type="checkbox"/> DEPT OCCUPANTS LIST*	<input type="checkbox"/> ALL SECTORS
<input type="checkbox"/> REGULAR PART-TIME	<input type="checkbox"/> ALL STAFF <input type="checkbox"/> Provost, Vice President** <input type="checkbox"/> Deans**(Asst & Assoc.) <input type="checkbox"/> Directors/Dept. Heads**	<input type="checkbox"/> ALL CENTRAL ADMINISTRATION <input type="checkbox"/> Office of the President <input type="checkbox"/> Administration <input type="checkbox"/> VP Research & Graduate Studies
<input type="checkbox"/> ALL (includes all non-terminated faculty and staff)	<input type="checkbox"/> ALL FACULTY <input type="checkbox"/> Academic Directors/Chairs	<input type="checkbox"/> ALL LEXINGTON CAMPUS <input type="checkbox"/> Agricultural Extension***
	SPECIAL CRITERIA/DESCRIPTION (fill in below):	<input type="checkbox"/> ALL MEDICAL CENTER <input type="checkbox"/> Hospital

*No individualized labels **Includes Assistants & Associates ***Off campus locations, originator must pay postage

Please note: Unless otherwise requested, all labels will have campus addresses and will be in speedsort order, if ALL is chosen in any category, it will automatically include all areas outlined under the major category.

I hereby certify that the above information is correct and complete (Customer Signature): X _____

* Please Print Name: _____

DO NOT WRITE BELOW THIS LINE

CODE	QUAN	SERVICE	AMOUNT	CODE	QUAN	SERVICE	AMOUNT
_____	_____	Address, Ink Jet	\$ _____	_____	_____	Inserter Set Up	\$ _____
_____	_____	Address, Labels	\$ _____	_____	_____	Folder Set Up	\$ _____
_____	_____	Insert _____	\$ _____	_____	_____	Casing	\$ _____
_____	_____	Insert _____	\$ _____	_____	_____	Tray, Bagging	\$ _____
_____	_____	Sort	\$ _____	_____	_____	Tab	\$ _____
_____	_____	Meter	\$ _____	_____	_____	International	\$ _____
_____	_____	Fold	\$ _____	Total Service Charge _____			
_____	_____	Labels	\$ _____	Total Postal Charge _____			
GRAND TOTAL _____							

The postage charge will appear once a statement is received from the USPS.

I hereby certify that the items listed above were furnished to the department indicated and that prices charged are proper.

* Required field

For Office Use Only
Processed By: _____
Date: _____