

RECEIVING/MAILROOM - (310) 434-4477 - FAX: (310)434-3608 - Email: <u>dept_mailroom@smc.edu</u>

DEPARTMENT		DATE		N	O. OF PIECES
DESCRIPTION OF MAILING					
MATERIAL TO COME FROM:	O DEPARTMENT	OTHER SUP	PLIER'S NAME		
SERVICES REQUESTED: POSTAGE	SERVICES		DESIRED DATE OF MAIL	ING	
1st Class		(Mailing list can be atta	ached to email when suhm	ittina)	
Pre Sort First Class	☐ ADDRESSING (Mailing list can be attached to email when submitting)☐ BULK SORTING☐ FOLDING				
BULK MAIL/Non Profit	☐ TABBING ☐ INS		NO. OF INSERTS OTHER		
SPECIAL INSTRUCTIONS:					
AUTHORIZED BY:			PHONE:		
MAIL SERVICE U	SE ONLY				
Job Number MATERIALS RECEIVED:			Received in Mail	Services	
Outside Vendor	E-mailed	○ Picked Up	O Department Droppe	d Off	
Date Completed			Date(s) Mailed		
BILLING:				Postage	
Addressing: No. of Piece	es			22	
Inserting No. of Piece	es N	No. of Inserts		23	
Tabbing: No. of Piece	es			21	
Folding: No. of Piec	es			20	
Bulk Mail Processing H	ours @	Per Hour		24	
Additional Services				25-30	
MAIL SERVICE COMMENTS:			 Labor Tota		
			GRAND TO	TAL	
Form Aug. 27, 2013			Completed by:		