

Distribution Order Form

University of Oregon Printing and Mailing Services
Mail Version (541) 346-1689

JOB NO. _____
(Entered by Printing Services)

Department		Acct. Name	Estimate No.
COA FIS ACCTG		Index	Acct. Code
Fund	Org.	Program	Activity
Requisition Number		Authorized Name	
Date Ordered		Date Needed	Rated Amount
Contact Person		Phone No.	E-Mail Address

Mailing Instructions	For Office Use Only		
Document Name: _____	Date: _____	Amount	Piece
Related Job number: _____	<input type="checkbox"/> Permit#: _____	_____	_____
Please mail _____ pieces at rate _____	<input type="checkbox"/> Periodical	_____	_____
If NONPROFIT, please allow for 3 working days from date ordered.	<input type="checkbox"/> Pstg (Postage)	_____	_____
Addresses are:	<input type="checkbox"/> Pstg 2	_____	_____
<input type="checkbox"/> Electronic <input type="checkbox"/> Disk/Tape <input type="checkbox"/> Adhesive	<input type="checkbox"/> Int/l Pstg	_____	_____
Labels: _____ Distribution List: _____	Goes with Job# _____		
Procedures	Index Billed _____		
<input type="checkbox"/> Address & Sortation	Activity Code _____		
<input type="checkbox"/> Insert: _____ pieces into #10 envelopes	Requisition# _____		
at printing <input type="checkbox"/> to be supplied	Prepared by _____		
Tabbing (must for barcoded selfmailer)	Comments:		
Sortation only (address already applied)			
<input type="checkbox"/> Meter			
<input type="checkbox"/> Foreign Mail:			
<input type="checkbox"/> envelopes supplied <input type="checkbox"/> please supply envelopes			
<input type="checkbox"/> Mail piece printed at:			
<input type="checkbox"/> UO <input type="checkbox"/> Other _____			
If other printer-delivery date _____			
<input type="checkbox"/> Time sensitive date _____			
Extras: _____			

Please enter any comments in the area below: