

**MAIL PREPARATION / POSTAGE FORM**  
**FSU MAIL PROCESSING CENTER**  
**TALLAHASSEE, FL 32306-0001**

Description \_\_\_\_\_

Job #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Requested Completion Date: \_\_\_\_\_

Department: _____	Phone #: _____
Address / MC: _____	Requested By: _____
Budget/P.O.#: _____	(Authorized Signature)

**Mail Preparation Instructions (Check all that apply) Print and Fax to 644-0604**

**Type Of Mail:**

<input type="checkbox"/> Presorted First Class	<input type="text"/>	<b>Number Of Pieces In Mailing</b>
<input type="checkbox"/> First Class Single Piece	<input type="text"/>	<b>Number Of Inserts</b>
<input type="checkbox"/> Presorted Standard	<input type="text"/>	<b>Number Of Tabs</b>
<input type="checkbox"/> Campus _____	<input type="text"/>	<b>Pieces To Be Folded</b>
<input type="checkbox"/> Other:		

<input type="checkbox"/> Labeling (check type)	<input type="checkbox"/> Sorting (check one)	<input type="checkbox"/> Affix Postage
<input type="checkbox"/> one-up	<input type="checkbox"/> in zip code order	<input type="checkbox"/> hand stamp
<input type="checkbox"/> cheshire	<input type="checkbox"/> not in zip code order	<input type="checkbox"/> machinable
<input type="checkbox"/> hand	<input type="checkbox"/> Sorted by Postal soft	<input type="checkbox"/> indicia
<input type="checkbox"/> Direct Imprint (Spraying)	<input type="checkbox"/> Dotting/ Bundling	<input type="checkbox"/> Sealing
<input type="checkbox"/> Special Instructions:	<input type="checkbox"/> Barcoding	<input type="checkbox"/> Folding

(Also, include title & type of mail, i.e. State newsletter, Freshman Transfer Brochure, etc. If campus mail, specify destination, A&P, Faculty, etc.)

<i>POSTAL SERVICES USE ONLY</i>	<b>P O S T A G E</b>	Permit #: <input type="checkbox"/> 11 <input type="checkbox"/> 55 <input type="checkbox"/> 256
<b>Domestic Mail:</b>	<b># Of Pieces</b>	<b>Subtotal</b>
First Class	<input type="text"/>	<input type="text"/>
Standard Mail (Minimum 200 pieces)	<input type="text"/>	<input type="text"/>
<b>Foreign Mail:</b>	<b># Of Pieces</b>	<b>Subtotal</b>
Air Mail	<input type="text"/>	<input type="text"/>
Surface Mail	<input type="text"/>	<input type="text"/>

**POSTAGE TOTAL:** \_\_\_\_\_

<b>P R E P A R A T I O N</b>		
<b>Number of Pieces X Rate:</b>	<b>Subtotal</b> _____	<b>PREPARATION</b>
_____	<b>Subtotal</b> _____	<b>TOTAL:</b> _____
_____	<b>Subtotal</b> _____	<b>AMOUNT</b>
_____	<b>Subtotal</b> _____	<b>DUE:</b> _____
_____	<b>Subtotal</b> _____	Date
_____	<b>Subtotal</b> _____	Completed: _____

For further assistance, please call 644-8928 or 644-3781

Form CS 145P (8/16)

**Fax to 644-0604**