

Joe Lombardo  
Governor



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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 \_\_\_\_\_