

Hope Lutheran Church Office
Work Request

Team: _____ Date needed: _____

Contact Person: _____ Telephone #: _____

Project Information:

Is this to be mailed? If so, *1st Class* _____ or *Bulk Rate*?* _____

*(*remember, Bulk Rate is 200+ pieces*

with all contents of the mailing the same in every envelope)

Copying: #of copies _____ 1-sided _____ 2-sided _____

collated _____ collated and stapled _____

Additional information that will assist in processing your request:

For Office Use Only

Date In: _____

Date Out: _____

Initials: _____