



ORDER FORM / INVOICE

Order No. _____

Mississippi Department of Archives and History
 Archives & Records Services Division, P.O. Box 571, Jackson, MS 39205-0571
 mdah.state.ms.us, Phone 601-576-6850, Fax 601-576-6964

Name: _____ Business: _____

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 Date

Quantity

Photocopies & Microform Prints

- _____ Photocopies @ \$0.25 per page \$ _____
- _____ Photocopies requiring Special Handling @ \$0.50 per page \$ _____
- _____ Photocopies requiring Certification @ \$0.75 per page \$ _____
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- _____ Microform prints @ \$0.50 per page \$ _____
- _____ Microform prints requiring Certification @ 1.00 per page \$ _____

Digital Images (an original between 12"x17" and 35"x50" is an oversize item (OSI))

- _____ 600 ppi TIFF @ \$5.00 per image \$ _____
- _____ 600 ppi TIFF requiring Special Handling **or** Expedited Service @ \$10.00 per image \$ _____
- _____ 600 ppi TIFF requiring Special Handling **and** Expedited Service @ \$15.00 per image \$ _____
- _____ 300 ppi TIFF of an OSI @ \$25.00 per image \$ _____
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- _____ 300 ppi TIFF of an OSI requiring Special Handling **and** Expedited Service @ \$75.00 per image \$ _____

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For MDAH use only _____ Audio _____ Video-Reference _____ Video-Production-quality

- _____ Hours of production time @ \$40.00 per hour \$ _____
- _____ Hours of production time including Expedited Service @ \$80.00 per hour \$ _____

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Service charges are in addition to the charges listed above.

- _____ **Outside Vendor Delivery and Return** (quotation required, \$40.00 per round trip) \$ _____
- _____ **Staff Oversight** @ \$40.00 per hour \$ _____
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PAYMENT IN ADVANCE IS REQUIRED

SUBTOTAL \$ _____

Make checks payable to:

Delivery to Patron \$ _____

MDAH, Archives & Records Services Division

(Per quotation OR \$3 by U.S. Mail OR \$8 by electronic transfer)

TOTAL DUE \$ _____

For MDAH use only	
Use Permission Completed _____	MDAH, A&RS Div. <i>Publication Permission Form</i> OR _____ Formal A&RS Div. use agreement
Material checked for Restrictions Staff: _____	Date: _____ AV Agreement No. _____
DATE PAID _____	

Name: _____
 Business: _____
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 Phone Number: _____
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 See delivery charges on reverse.
 _____ Regular U.S. Mail _____ Pick up when ready
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 *Provide your carrier name and account number above.
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To receive a quotation or place an order, please complete this form and send it to:

Mississippi Department of Archives and History, Attn.: Archives and Records Services Division, P.O. Box 571, Jackson, MS 39205-0571

Or contact MDAH by: Telephone 601-576-6876 • Facsimile 601-576-6964 • Email refdesk@mdah.state.ms.us

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➤ NOTICE ◀

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REQUESTED ITEMS

Quantity or AV Reel	Accession or Item Number or Audio or Video (AV) Item Number	Description of Material or AV Description of Material	Location or AV - No location needed	For MDAH use only Area/Checked
_____	_____	_____	_____	____/____
_____	_____	_____	_____	____/____
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For MDAH use only					
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