



ORDER FORM / INVOICE

Order No. \_\_\_\_\_

Mississippi Department of Archives and History
Archives & Records Services Division, P.O. Box 571, Jackson, MS 39205-0571
mdah.ms.gov, 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
Photocopies requiring Special Handling and Certification @ \$1.00 per page
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
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300 ppi TIFF of an OSI @ \$25.00 per image
300 ppi TIFF of an OSI requiring Special Handling or Expedited Service @ \$50.00 per image
300 ppi TIFF of an OSI requiring Special Handling and Expedited Service @ \$75.00 per image

Audio or Video Copies

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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- Outside Vendor Delivery and Return (quotation required, \$40.00 per round trip)
Staff Oversight @ \$40.00 per hour
Use Fees (quotation and written agreement required)
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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 \$

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

Name: \_\_\_\_\_  
 Business: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Delivery: **AV Agreement No.** \_\_\_\_\_ **Order No.** \_\_\_\_\_  
**See delivery charges on reverse.**  
 \_\_\_\_\_ Regular U.S. Mail \_\_\_\_\_ Pick up when ready  
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 \_\_\_\_\_ Electronic transfer\*\* \_\_\_\_\_  
 \*Provide your carrier name and account number above.  
 \*\*Provide your email address to the left.

**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.ms.gov](mailto:refdesk@mdah.ms.gov)

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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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Taken by/Date	Pulled by/Date	Transferred by/Date	Filled by/Date	Returned by/Date	Mailed/Transferred/Picked up
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