

Department: \_\_\_\_\_ Contact person: \_\_\_\_\_ Ext. \_\_\_\_\_

Account #: \_\_\_\_\_ Project title: \_\_\_\_\_

Total quantity: \_\_\_\_\_ Total # inserts: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Date due to be dropped at Post Office: \_\_\_\_\_ Approved by: \_\_\_\_\_

*Department Head*

### SPECIAL INSTRUCTIONS

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*Note: Two samples must be submitted with each Request Form*

### PROCESSING CENTER ONLY

Envelope(s)/Insert(s) Needed for Mailing	Quantity	From Inventory	From Printer	Printer Name Due Date	Cost	Date Received from Printer

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Drop Location: \_\_\_\_\_

Mail Vendor: \_\_\_\_\_