Mailing Requisition

JOB NAME ______________________________ MAILING REQUISITION NO. ______________________________

All communication and correspondence about this project should refer to the requisition number above.

( PROJECT NO. _______________ ) ( REF. PRINTING REQUISITION NO. _______________ )

Department ______________________________________________________________

Contact__________________________________________ Budget No. ____________ Phone No. ____________

Date Submitted______________________________________ Desired Date to Post Office ____________________

Number of Finished Pieces to be Mailed __________________

TYPE OF MAILING

❏ 1st Class    ❏ Standard ( ❏ Permit printed on outer piece?)

TYPE OF ADDRESSING

❏ Cheshire    ❏ Gum    ❏ Direct Imprint

ZIP CODE RE-CAP INCLUDED

❏ Yes    ❏ No

INSTRUCTIONS

❏ Label    ❏ Insert    ❏ Sort    ❏ Count    ❏ Bag    ❏ Other ________________________

DELIVERY

❏ Post Office    ❏ University of Scranton Mailing Services    ❏ Other ________________________

FILES

❏ File Names ____________________________________________

❏ Merge/Purge ( ❏ Search by Address Only ❏ Search by Name & Address ❏ Customer to Review Merge/Purge)

DATA FORMAT

❏ Excel    ❏ Comma Delimited

DESCRIPTION OF MAILING (If possible please attach a set of assembled materials as a sample to follow.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Disposition of Leftover Materials

__________________________________

Signature

CUSTOMER: Please retain goldenrod copy and send white, yellow, and pink to Printing and Mailing Services. The yellow copy will be returned to you when the job is completed and charged.