



PRINTING SERVICES
MARKETING MAIL REQUEST FORM

1600 Hampton Street, Basement Room 005

Date: _____

Date Required: _____

1. Description of item to be mailed: (attach sample, if available) _____

2. Number of Copies: _____

3. Address (Must be provided):

Bldg.: _____

Room No: _____ Phone: _____

4. Department Authorization:

Dept.: _____

Contact Person: _____

Approved _____
Dept. Head or Authorized Signature

Dept. Head _____
Print Name of above signature

5. Mailing Instructions:

- U.S. Mail - Non-Profit
U.S. Mail - 1st Class
U.S. Mail - 1st Class Presorted
Campus Mail
Address file emailed to marketingmail@sc.edu
Date
Address file on disk

Legacy

Table with 2 columns: Dept, Fund

PeopleSoft

Table with 2 columns: Operating Unit, PC Bus Unit; Dept, Project; Fund, Activity; Class

ADDITIONAL INFORMATION

Horizontal lines for additional information

Table with 2 columns: MAIL USE ONLY, Amount. Rows: Account 52051, Account 53003, Total Amount

Date _____
Mo. Day Yr.