



PRINTING SERVICES STANDARD 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:

M U.S. Mail — Non-Profit

M U.S. Mail — Standard Rate

M U.S. Mail — 1st Class

M Address file emailed to standardmail@printing.sc.edu

Date _____

M Address file on disk

Table with 4 columns: Dept. No., Fund No., Object Code, Analytical. Object Code values: 52051, 53003.

Deliver Request Form and Mail Pieces to 1600 Hampton Street

ADDITIONAL INFORMATION

Horizontal lines for additional information.

STANDARD MAIL DEPARTMENT USE ONLY table with Labor, Postage, Actual Cost rows.

Date Mo. Day Yr.