



Marketing Mail Request Form

FOR PRINTING SERVICES USE ONLY

Submission Date: _____

Mail Date: _____

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

2. Number of Copies: _____

3. Department Information (Required):

Department Name	
Building Name	Room
Contact Person	
Phone	Fax
Email	

- 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
- Address file on disk

Approver's Name (Print)
Approver's Signature

PeopleSoft

Operating Unit	PC Bus Unit
Dept	Project
Fund	Activity
Class	If estimated, attach documentation.

ADDITIONAL INFORMATION

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Estimator	Estimated Cost (<input type="checkbox"/> see attached)
Services 52070	
Postage 53003	
Total Amount	