

MAILING SERVICES REQUISITION

BROOKLYN COLLEGE
2900 Bedford Avenue

0239 Boylan Hall
Tel# (718) 951-5237 Fax#(718) 951-5670

Date ____/____/____

No. of pieces _____

Name _____

Description _____

Department _____ Dept.# _____

Format of data _____

Authorized Signature _____

Approx. date printed pieces will be ready ____/____/____

Ext. _____

Target date of mailing ____/____/____

IFAS JOB NO.	OPERATOR NAME / INITIALS	APPROVAL	TOTAL
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<u>PRESORT OPTIONS</u>	<u>DOCUMATCH OPTIONS (CONT'D)</u>	<u>SPECIAL SERVICES</u>
<input type="checkbox"/> Postal code, presort and correct addresses _____ <input type="checkbox"/> Inkjet addresses and delivery point barcode _____ <input type="checkbox"/> Indicia _____	<input type="checkbox"/> 2 Pages duplex _____ <input type="checkbox"/> 3 Pages _____ <input type="checkbox"/> 4 Pages _____ <p style="text-align: center;">INSERTING</p> <input type="checkbox"/> Brochure _____ <input type="checkbox"/> Pre-folded insert _____ <input type="checkbox"/> #9 envelope _____ <input type="checkbox"/> 1 Page to be folded _____ <input type="checkbox"/> 2 Pages to be folded _____	<input type="checkbox"/> Return Address _____ <input type="checkbox"/> Tabbing _____ <input type="checkbox"/> Envelope Printing _____ <input type="checkbox"/> Special message _____ (write text below) <input type="checkbox"/> Paper _____
<p style="text-align: center;"><u>DOCUMATCH OPTIONS</u> PRINTING</p> <input type="checkbox"/> 0 Pages _____ <input type="checkbox"/> 1 Page _____ <input type="checkbox"/> 1 Page duplex _____ <input type="checkbox"/> 2 Pages _____		

Original Errors _____ Final Errors _____ Return Dept./MS _____ SCF _____ List Name _____

*Please Note, we must see a sample of the mail piece before it is printed.
Mailings over 200 pieces will be presorted to obtain a postal discount.*