



Document Services Order Form for Mailing

printing@illinois.edu • www.printing.illinois.edu

Main Facility
54 E. Gregory, MC-570
217-333-9350
217-244-4595 fax

Mail Center
217-333-6101
mailctr@illinois.edu

Customer Information

Mailing Contact _____ (please print clearly) Department _____

Phone no. _____ Fax _____ E-mail _____ (REQUIRED) (UofI Preferred)

Contact for Mailing Lists _____ Phone _____ Email _____ Fax _____

Billing Address _____ MC- _____

CFOP: _____
Chart (1) Fund (6 digits) Organization (6 digits) Account (6 digits / optional) Program (6 digits) Activity (6 digits / optional)

Other: GAR # _____ Cash Check Credit Card

Production Information

Title of Mailing _____ File Location: Incoming / ftp / Email _____ (folder/file name)

Preferred Software or Formats: dBase III+, MicroSoft Excel, MicroSoft Access, ASCII, comma delimited, ASCII, fixed length

Always Include a Record Structure

Description of Materials:

Please attach a sample of the piece to be mailed. For mailings with multiple components, please specify the order of insertion.

This job is being printed by: Document Services Department _____

Date(s) to be delivered to post office: _____

Mail, using addresses prepared by:

A. Pre-Addressed Count: _____

B. Pressure Sensitive Labels Count: _____

C. Ink Jet with Electronic Files(s) Count: _____

Can files be combined? Yes No

Delete Duplicates? Yes No

File Name(s) and Software	Count(s)	Field(s) to be Printed on Label

Preparation of Materials

Fold: _____ Hand Staple/Seal: _____

of Inserts _____ Wrap/Pack _____

Materials in Zip Order? _____ Cut/Burst/Tab _____

Hand Collate/Nest _____ Deliver Leftovers _____

(delivery address)

Method(s) of Mailing(s):

1st Class

1st Class Presort

Periodicals

Standard(A) Profit

Standard(A) Nonprofit

Campus Mail

International Mail

Airmail

Surface Other _____

Special Instructions

Customer Signature _____ Date _____