PRINT QUANTITY/REQUEST FORM

Job name				_ Job number	
Graphic designer		Subm	itter/marketing contact _		
Scheduled mail date					
Description	Quantity	Fold	Indicia	Mail Date	Deliver to
			☐ U.S. Nonprofit☐ U.S. Standard☐ Can. Nonprofit☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		□ Mailhouse
			☐ U.S. Nonprofit☐ U.S. Standard☐ Can. Nonprofit☐ ☐		□ Mailhouse
			☐ U.S. Nonprofit☐ U.S. Standard☐ Can. Nonprofit☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		□ Mailhouse
Ed Program Samples					Ed Programs
Marketing Samples					To
Graphics Samples					Graphics Shelf in Printing
Trade Shows					Trade Show Shelf
Samples					Cubbies
TOTAL QUANTITY					

Attach this form to the smartsheet entry for the job.



PRINTING AND GRAPHICS USE

Job name					Job number	
Graphic designer		_ Submitter/marketing contact				
Date received in printing			Scheduled r	mail date		
No. of pages/panels			Page size _			Back to back Yes No
Finish quantity needed			_ Finish size _			
Paper color	er					
Ink CMYK Black	Cover paper			Body paper		
Bindery Saddlestitch	Collate _			Fold None	□ 1/2 □ 1/3	☐ Per sample attached
☐ Perforate	☐ Crease	☐ Pad in qtys of		\square NCR pad	☐ 3-hole drill	Laminate
Other bindery instructions						
Finish qty needed	From above	+ Overage _	Needed for waste	÷ No. up	= Print qty	
Date job completed		_				
MAIL HOUSE	JOB SH	IEET			Internation	al Foundation
To: Date:		IEET			OF EMPLOYEE 18700 West Bluemo	al Foundation BENEFIT PLANS ound Road, Brookfield, WI 53045 6-6700 www.ifebp.org
То:		HEET			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date: Job name:		IEET		Inclusions:	OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date:	Rates:	HEET *Presort = Discounted Rate			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date: Job name: Sponsor:	Rates:	HEET *Presort = Discounted Rate			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date: Job name: Sponsor: Instructions: Canadian f	Rates:	HEET *Presort = Discounted Rate			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date: Job name: Sponsor: Instructions: Canadian f	Rates:	HEET *Presort = Discounted Rate			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date: Job name: Sponsor: Instructions: Canadian f Additional Instructions:	Rates:	HEET *Presort = Discounted Rate			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
To: Date: Job name: Sponsor: Instructions: Canadian f Additional Instructions:	Rates:	*Presort = Discounted Rate			OF EMPLOYEE 18700 West Bluemo	BENEFIT PLANS O bund Road, Brookfield, WI 53045
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Submitter/Marketing Contact: