



# FOLDING MACHINE

## project request

Department: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Project received by: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE:** Projects should be submitted a minimum of 3 business days before they are expected to be completed. Upon completion of project an electronic email will be sent to you.

Date project is expected to be complete: \_\_\_\_\_

### Project Process

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

Initials: \_\_\_\_\_

Electronic email sent date: \_\_\_\_\_

*Do you need a copy of this document? We do not have a copy machine available. Please make a copy before you submit it. Thank you.*

- Yes\_\_\_ No\_\_\_ Are we folding an item?
- Yes\_\_\_ No\_\_\_ Is it more than one page? How many pages? \_\_\_\_\_
- Yes\_\_\_ No\_\_\_ Attach sample of item the way you want it folded.
- Yes\_\_\_ No\_\_\_ Are we mailing this item?
- Yes\_\_\_ No\_\_\_ Date to be sent out: \_\_\_\_\_
- Yes\_\_\_ No\_\_\_ Attach completed postal authorization slip.
- Yes\_\_\_ No\_\_\_ Are we labeling this item?
- Yes\_\_\_ No\_\_\_ Provide labels with address.
- Yes\_\_\_ No\_\_\_ Are we stuffing this into an envelope?
- Yes\_\_\_ No\_\_\_ Provide envelopes.

Please include any specific instructions that you might need.