Publications Center Mailing Request

Requester's Name	Pshop Rep	Date Required
MUSGRAVE/BROWNING, ANGELA	D. INGRAM	6/1/2020
Requester's Department	**Print Request Number**	**Date Completed**
INSTITUTIONAL EFFECTIVENESS	4322	6/2/2020
Requester's Phone		
4708		

Job Title

List1 Title

CARES ACT POSTCARD MAILING

List1 ID #	List1 Quantity
0601-1018.BMF	3040

List2 Title

List2 ID #	List2 Quantity