



**KENT STATE UNIVERSITY – ENVELOPE PRODUCT GROUP LLC PARTNERSHIP
WHITE AND BROWN KRAFT ENVELOPE ORDER FORM**

Prices shown are for quantities of 1,000 envelopes. The minimum order is 500 envelopes. Please indicate the exact number of envelopes you want in increments of 500.

Description	Size	Price/1,000	Quantity Minimum order is 500. Order in increments of 500	Extension
#6-3/4 White Regular (24# White Wove)	3-5/8 x 6-1/2	\$24.91		
#9 White Regular (24# White Wove)	3-7/8 x 8-7/8	\$27.60		
#9 White Window (24# White Wove)	3-7/8 x 8-7/8	\$30.71		
#9 Regular Business Reply (24# White Wove)	3-7/8 x 8-7/8	\$27.60		
#10 White Regular (24# White Wove)	4-1/8 x 9-1/2	\$26.99		
#10 White Window (24# White Wove)	4-1/8 x 9-1/2	\$28.99		
#10 Executive AV Window (24# White Wove)	4-1/8 x 9-1/2	\$31.99		
#10 Die Cut Window (24# White Wove)	4-1/8 x 9-1/2	\$32.99		
#1-3/4 Brown Open End Catalog (28# Brown Kraft)	6-1/2 x 9-1/2	\$89.11		
#6-1/2 Booklet (open side); 24# white wove	6 X 9	\$92.11		
#6 Brown Open End Catalog (28# Brown Kraft)	7-1/2 x 10-1/2	\$95.74		
#10-1/2 Brown Open End Catalog (28# Brown Kraft)	9 x 12	\$99.89		
#13-1/2 Brown Open End Catalog (28# Brown Kraft)	10 x 13	\$105.99		
#13-1/2 Open End Catalog (28# White Wove)	10 x 13	\$114.98		
9 x 12 Booklet Envelope Latex Seal	9 X 12	\$91.31		

*To order special envelopes not listed, please contact Jody Kovolyan, University Communications and Marketing, at 330-672-7951.

Indicate Campus: Ashtabula East Liverpool Geauga Kent Tuscarawas
 Salem Stark Trumbull College of Podiatric Medicine

Department Name _____ Contact Person _____

Phone _____ Fax _____

Deliver To: Building _____ Room No. _____

(Provide street address only if located off campus) _____

Alternate Delivery Address _____
 (if no one is available to sign for the delivery in your office)

MasterCard Purchasing Card #5405- _____ Name on Card _____
 Expiration Date _____

If order totals or exceeds \$2,500 or department does not have a MasterCard Purchasing Card an invoice reflecting purchase order must be issued. Place the index number to be charged on the invoice, sign, and send to Procurement Payments for processing.

Delivery will be made within 10 days after receipt of order.

SPECIAL INSTRUCTIONS _____

FAX this completed order form, along with a sample indicating exact text to be printed (index number/department name) to Andy Bem, Envelope Product Group LLC, at 216-941-4510.