



FORM #	DATE	R

INTEGRATED MARKETING COMMUNICATION (IMC) REQUEST FORM

FILLED BY REQUESTOR

REQUESTOR : _____	DATE : _____
POSITION : _____	REV : _____
PRODUCT NAME : _____	JOB REQUEST: <input type="checkbox"/> NEW REQUEST <input type="checkbox"/> REPEAT ORDER <input checked="" type="checkbox"/> MARCOMM <input type="checkbox"/> Flyer <input type="checkbox"/> Mini Flyer <input type="checkbox"/> Directional Signage <input type="checkbox"/> Location Signage <input type="checkbox"/> LED & Backlite Duratrans <input type="checkbox"/> Prints Ads <input type="checkbox"/> V - Banner <input type="checkbox"/> Others <input checked="" type="checkbox"/> Event & Exhibition <input type="checkbox"/> Event <input type="checkbox"/> Exhibition <input type="checkbox"/> Others <input checked="" type="checkbox"/> Digital Marketing <input type="checkbox"/> Website Ads <input type="checkbox"/> Social Media Ads <input type="checkbox"/> Others <input checked="" type="checkbox"/> R & D <input type="checkbox"/> Competitor Analysis
PROMO BRIEF : _____	

PROMO PERIOD : _____	
REQUEST BY, _____ DATE, FULL NAME AND SIGNATURE POSITION :	APPROVED BY, _____ DATE, FULL NAME AND SIGNATURE POSITION :

FILLED BY MARKETING SUPPORT

JOB ORDER # : _____	STATUS : <input type="checkbox"/> ACCEPT, TARGET DATE : _____ <input type="checkbox"/> RETURN WITH COMMENT _____ <input type="checkbox"/> REJECT WITH COMMENT _____ PRIORITY : <input type="checkbox"/> ROUTINE <input type="checkbox"/> MANDATED <input type="checkbox"/> URGENT <input type="checkbox"/> EMERGENCY
RECEIVE DATE : _____	
BUDGET : _____	
REMARKS : _____	

RECEIVED BY, _____ DATE, FULL NAME AND SIGNATURE POSITION :	APPROVED BY, _____ DATE, FULL NAME AND SIGNATURE POSITION :	PERSON ASSIGNED, _____ DATE, FULL NAME AND SIGNATURE POSITION :
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NOTES : 1. THIS FORM TO BE FILLED BY PRODUCT GENERAL AS REQUESTOR AND APPROVED BY ASSOCIATE SALES DIRECTOR
 2. IF NOT APPLICABLE, PLEASE FILL IN N/A IN THE RESPECTIVE FIELD