

Submission Date	:	_____	Brand/Label	:	_____
Supplier Name	:	_____	Pattern Name & #	:	_____
MMG Office	:	_____	Style No.	:	_____
Fabric Description	:	_____	Round #	:	_____
OS Merchandiser	:	_____	Submittal #	:	_____
Target Bulk Approval Date	:	_____	Due Date	:	_____
1st In DC Date	:	_____	Mill	:	_____
1st Ship Window	:	_____	Article#	:	_____

**Attach Print/Pattern Sample Here: Minimum Size: 12" x 12" or 1 full Vertical and Horizontal Repeat**

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Name of NY Designer	:	_____			
Approved for Color	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Comments: _____
Approved for Quality	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Comments: _____
Approved for Technique	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Comments: _____
Approved for Layout	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Comments: _____
Approved for Repeat	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Comments: _____
Approved for Placement	:				
Overall Approval	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Comments: _____

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**COMMENTS:**