

PRINTING REQUEST

For Printing Services
1580 West Mitchell Street - 2404

Date _____

Use this request for *printing only*. Copying must be requested on the green copying request.

Requested Delivery
Date _____

Department _____

Ordered by _____ Phone _____ Fax _____ E-mail _____

Department Address: Room # _____ Building _____

Purchase Order # _____ Cost Center # _____ - _____ - _____ - _____

Job Description _____

1/side 2/side

Quantity _____ Finished size _____ x _____

Number of text pages _____ Number of cover pages _____

Composition _____

Tabular Work _____

Art _____

Photographs _____ Line art reductions _____

Special camera work _____

STOCK Text Paper _____ Color _____ Weight _____

Cover Paper _____ Color _____ Weight _____

Ink Color Text (1) _____ (2) _____ (3) _____ Bleed _____

Ink Color Cover (1) _____ (2) _____ (3) _____ Bleed _____

Collate _____ Sequence _____

BINDERY Saddle Wire Bind _____ Perfect Bind _____ Fold _____ Cut _____

Punch _____ 3H _____ Nonstandard size _____

Tape _____ Spiral _____ Corner Staple _____ Pad _____ to pad _____

Number _____ to _____ Perforate _____ Round Corners _____

Customer Pick up Deliver Ship To: _____

(If Different than Billing Address)

**Please Provide Sample
With Order**

Bring this request to Printing Services with your job.

**Purchasing
Authorization**

X _____

Must be signed

Delivery Receipt Date _____ Received by _____

REQUEST NO.

Estimated

P.O. checked

Job No.

Init.

OFFICE USE ONLY

Please
Use separate
sheet for special
instructions.