

Printing Services Request Form



• Please fill in all fields in the box, make sure order form is filled out completely •

Index: _____ **Org #:** _____ **Account #:** _____

Department Name: _____

Today's Date: _____ **Date Printing is Needed:** _____

Contact Name: _____ **Extension:** _____

Number of Originals: (1 sheet printed both sides counts as 2 originals) _____ **Number of copies:** _____

Please mark how you would like your copies done:

- Collate and Staple
 Collate, No Staple
 Uncollated (Separate Stacks)
 Two-Sided Output
 Scan Only

Black Copies:

- 8.5 x 11
 8.5 x 14
 11 x 17

Type of Paper and Color:

- Regular 20# Text - White
 20# Text: _____
 70# Text: _____
 3-Hole
 Cardstock: _____
 80# Coverstock: _____
 Transparency: _____
 College Seal
 Pre-Printed _____
 Departmental Letterhead
 Carbonless Sets: (only printed by the ream - indicate number of reams) _____

 2-part (250 sets/ream)
 3-part (167 sets/ream)
 4-part (125 sets/ream)

Full Color Copies:

- 8.5 x 11
 8.5 x 14
 11 x 17
 Wide Format Posters/Banners:

 24 x 36
 36 x 48
 Other _____

Type of Paper (White only):

- Gloss Text
 Gloss Cover
 Matte Text
 Matte Cover

Finishing Work: (More than one field can be selected. Please provide a sample.)

- Labels
 Folding: _____
 Insert
 Seal
 Cutting: _____
 Booklet Making
 Binding: _____
 Tabs
 Numbering
 Laminating: _____
 Foam Board Mounting: _____
 Cover Sheet: _____
 Plastic Covers: _____
 Padding: (How many sheets per pad?) _____

<p>Special Instructions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Printing Services Use Only:</p> <p>Printing/Paper: _____</p> <p>Folding/Booklets: _____</p> <p>Insert/Seal: _____</p> <p>Binding: _____</p> <p>Covers: _____</p> <p>Cutting: _____</p> <p>Set Labeling: _____</p> <p>Color: _____</p> <p>Lamination: _____</p> <p>Misc.: _____</p> <p>Subtotal: _____</p> <p>Tax: _____</p> <p>Total Cost: _____</p>
<p>Creative Services Use Only:</p> <p>Job: _____ Job Title: _____</p>	