## PRINTING REQUEST FORM

Job Ticket Number:
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## **Instructions:**

- I. Bring or mail this form to the Print Shop at the Service Center.
- 2. Make sure **section I** is filled out completely.
- 3. Have the form signed by your principal or administrator.
- 4. If possible, include a print-out of your job.
- 5. Write firmly.

	SECTION 1: JOB DESCRI	IPTION	
JobTitle/Form Number:		Job needed-by date://	
(Title necessary for filing purposes; please give the job or form a title even if it does not have one.)			
Ordered by:	School/Dept:	Phone:	
Deliver to:	At:	Call when ready phone:	
ACCOUNTII Fund Func. Object		antity needed (number of copies):	
	Administrato	r approval Date	
SECTION 2: PRINTING SPECIFICATIONS			
Person to contact for proofing: Phone:			
☐ New order	Repeat order with char	nges Return originals	
Repeat order with no changes Replaces old job or form Keep original on file			
Number of originals/pages (front and back count as two pages): Trim size: ×			
LAYOUT SPECIFICATIONS:	PAPER AND INK SPECIFICATIONS:		
Like sample	Paper stock: (COLOR/SIZE)		
Print only on one side	Cover paper stock: (COLOR/SIZE)		
☐ Print front and back	Ink colors to be used:		
Additional information:			
	SECTION 3: BINDERY SE		
Collate only	Drill holes (specify)		
Collate/staple (specify)	<u> </u>	Fold (specify)	
☐ Plastic ring bind	Perfect book bind	Perforate (specify)	
☐ Wrapped – number to wrap per package: ☐ Padded – number to pad:			