



Date: _____ Required Delivery Date: _____

Project Name: _____

Agency: _____ Business Unit: _____
 Org (Speed Chart): _____
 Contact Person: _____
 Phone: _____ Fax: _____
 Email Address: _____
 Ship To Address: _____

 City State Zip

Special Instructions: _____

GRAPHIC DESIGN OR FILE TRANSFERS

Graphic Design Required File Merge Required File(s) Provided: Yes No Program(s): _____
 Proof Required:* Yes No **Note: Proofing is the responsibility of the requester. Print Services is not responsible for errors in the file OR errors caused by the file transfer process if no proof is requested.*
 PDF for the Web at Completion of Print Project Burn/Load Files to Disk (CD/DVD/USB) Quantity: _____

COLOR PRINTING

Front Only Front to Back
 Finished Quantity: _____
 Finished Size: _____
 Paper Stock: _____ Color: _____
 Ink Color(s): _____
 Large Format Poster Size: _____
 Mount on Foam Core: Yes No

BLACK AND WHITE PRINTING

Front Only Front to Back
 Finished Quantity: _____ Finished Size: _____
 Index Tabs
 Paper Stock: _____ Color: _____
 Carbonless Form (NCR) Color Sequence: _____

COST DISCLOSURE

Add Cost Disclosure: Yes No MCA (18-7-306)

BINDERY OPTIONS

Collate Shrink Wrap: Number Per Package _____
 Corner Staple Side Stitch Saddle Stitch Booklet Padding: Number of Sheets Per Pad _____
 Fold Score Perforate
 Punch: 1 Hole 2 Hole 3 Hole Special Number: Black Red
 Glue Binding Tape Bind Comb Bind Coil Bind Begin Numbering at: # _____
 Laminate UV Coat

MAIL PREP

Tab for Mailing Address File
 Inkjet Envelope Insert(s) Number of Inserts Per Envelope _____ Mail Code: _____

Authorized Signature _____
 (if required by ordering agency)