STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION

PRINT AND MAIL SERVICES

JOB NUMBER_____
For Print and Mail Services use only

Agency:_____ Business Unit:_____ Org._____ Phone:_____
Project Name:_____ Fax:_____
Finished Work To:_____ Date Submitted:_____
(name and address) Date Needed:_____

TO BE COMPLETED BY REQUESTOR (Check applicable boxes and provide necessary information) | *FOR OFFICE USE ONLY*

PREPRESS:
☐ GRAPHIC DESKTOP DESIGN PROOF - ☐ Fax ☐ Mail
☐ PROOF COPY Date Out_____ Date In_____ Date Out _____ Date In_____ TOTAL_____

COLOR COPIES STOCK_____
☐ NO. OF ORIGINALS _____ COPIES PER ORIGINAL _____

DUPLICATING: ☐ STANDARD _____ ☐ SILVER_____
☐ NEGATIVE_____ ☐ PLATE_____ ☐ CTP_____

REPRODUCTION:
☐ NO. OF ORIGINALS _____ COPIES PER ORIGINAL_____
☐ FRONT ONLY ☐ FRONT AND BACK
☐ INK ☐ Black ☐ Other
PAPER: ☐ White ☐ Color_____
SIZE: ☐ 8½ x 11 ☐ 8½ x 14 ☐ 11x17 ☐ _____
☐ STANDARD 20# ☐ 25% Cotton ☐ Cover ☐ Index (Card)
☐ CARBONLESS ☐ 2-part ☐ 3-part ☐ 4-part ☐ 5-part ☐ 6-part

BINDERY:
☐ COLLATE
☐ STAPLE ☐ 1-staple ☐ 2-staples ☐ 3-staples
☐ SADDLE STITCH
☐ PUNCH ☐ 1-hole ☐ 2-holes ☐ 3-holes
☐ PAD ☐ RED COMPOUND ☐ FAN-A-PART
☐ CUT _____
☐ FOLD _____
☐ PERFECT BIND (Hot Glue) ☐ TAPE BIND ☐ COMB BIND ☐ COIL BIND
☐ SHRINKWRAP/QUANTITY PER PACKAGE _____
☐ SCORE ☐ PERF ☐ NUMBER ☐ LAMINATE
☐ HAND TIME

MAIL PREP:
☐ TAB ☐ APPLY ADDRESS LABELS ☐ INKJET ☐ INSERT

ON-LINE REQUISITION

CALL PRINT AND MAIL SERVICES

AT 444-3053 WITH QUESTIONS

SPECIAL INSTRUCTIONS:

UPS Tracking Number _____

REQUESTED BY:_____ INSPECTED:_____ DATE:_____

ADM -PMS-103 (Rev 10/ 04)

Reset Form | Print Form | Submit By E-mail