

UTD Printing Services Reproduction Request Please attach sample or dummy

Today's date _____

Date needed _____

Try to allow ten working days for completion of work

* Please note required (*) information

Estimate # _____

File Neg/Plate for _____ months.*

*If ' ' blank, we assume it is dated _____ and will not be reprinted.

Authorized signature for budgeted acct * _____ / * _____
(Sign Name) (Please Print Name)

Acct No:*

Originator _____ Mail Station _____ Ext.: _____ Dept. _____

Job description and title: _____

*Fax#: _____ Disability Statement needed? Y N

Equal Opportunity Statement needed? Y N

Self Mailer? Y N If No, see if you have enough env.

1 sided 2 sided

New Revised Reprint (no changes)

Quantity _____ * Original size: _____ * Previous Job # _____

Design/ Paste Up	Instructions: _____
	<input type="checkbox"/> Dummy included <input type="checkbox"/> Camera Ready

Camera/Stripping	Instructions: _____
	<input type="checkbox"/> Stat (PMT, CopyProof) <input type="checkbox"/> Blueline Requested <input type="checkbox"/> Laser Copy Please include screen and printer fonts. <input type="checkbox"/> Disk enclosed for disk-to-negative output (Be sure to include hardcopy and dummy) Label disks w/name of program and your name. <input type="checkbox"/> PC Disk <input type="checkbox"/> MAC Disk Program used _____ <i>Printing Services Customer: Your regular printing schedule allows one day for proofing. Delay will occur if held longer.</i>

Ink	No. of colors _____ <input type="checkbox"/> This job will be run through a laser printer <input type="checkbox"/> 4-color process *PMS=Pantone Matching System
	Ink: <input type="checkbox"/> Black <input type="checkbox"/> UTD Green <input type="checkbox"/> UTD Orange <input type="checkbox"/> PMS* _____ <input type="checkbox"/> PMS* _____ <input type="checkbox"/> PMS* _____ Instructions: _____

Paper	Paper Selection: <input type="checkbox"/> Letterhead (Black Ink only) <input type="checkbox"/> 3-color letterhead												
	<table border="1"> <thead> <tr> <th>Weight (Cover or Text)</th> <th>TYPE/BRAND OF PAPER</th> <th>COLOR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Weight (Cover or Text)	TYPE/BRAND OF PAPER	COLOR									
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<input type="checkbox"/> Carbonless: <input type="checkbox"/> 2 part (W, Y) <input type="checkbox"/> 3 part (W, Y, P) <input type="checkbox"/> 4 part (W, Y, P, Go) <input type="checkbox"/> 5 part (W, Gr, Y, P, Go)													
<input type="checkbox"/> Envelopes: Type: <input type="checkbox"/> Window <input type="checkbox"/> Regular Color: _____ Size: 9 10 A2 A6 6X9 6.5X9.5 9X12 Other: _____													

PS Job No. _____

Bindery	Bindery (Attach sample of finished item) Size of finished item: _____
	<input type="checkbox"/> collate <input type="checkbox"/> staple upper left <input type="checkbox"/> saddle stitch & fold <input type="checkbox"/> side staple <input type="checkbox"/> drill: _____ hole <input type="checkbox"/> cut: cut size: _____ <input type="checkbox"/> pad: _____ sheets per pad pad at: <input type="checkbox"/> top <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> final size _____ <input type="checkbox"/> fold - printing inside if 1 sided <input type="checkbox"/> letter fold <input type="checkbox"/> accordion "z" fold <input type="checkbox"/> double parallel fold <input type="checkbox"/> center fold <input type="checkbox"/> GBC (spiral) bind <input type="checkbox"/> Perfect bind (like catalogs) <input type="checkbox"/> score <input type="checkbox"/> perforate: location _____ <input type="checkbox"/> shrink wrap: _____ sheets/pkg. <input type="checkbox"/> numbering/start# _____ Ink Color <input type="checkbox"/> Red <input type="checkbox"/> Black

Rec'd

Delivery	Deliver completed work to: (Name) _____ Bldg. _____ Rm# _____
	Alternate Contact: (Name/Address) _____

Special Instructions: _____

Billing
Total _____