

Estimate # _____

File Neg/Plate for _____ months.*

*If left blank, we assume it is dated material and will not be reprinted.

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

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

Dept. _____ Mail _____ Cost Center: _____

Originator: _____ Station: _____ Ext.: _____ Fax #: _____ Email: _____

Title and description of print order: _____

Original (flat) size: _____ Quantity: _____

Please Check: 1 sided 2 sided Self Mailer? Y N If No, do you need envelopes? Y N
 New Revised Reprint (no changes) Previous Job # _____

The equal opportunity/disability statement is REQUIRED on ALL documents mailing off campus.

Design / Paste Up

Instructions: _____

Color proof Blueline Requested Laser Copy

PC Disk MAC Disk Program used _____

Please include screen and printer fonts.
Label disks w/name of project and your name.

Proofing: Your regular printing schedule allows *one day for proofing*. Delay will occur if proofs are held longer.

Ink

No. of colors _____ This job will be run through a laser printer 4-color process *PMS=Pantone Matching System

Ink: Black UTD Green UTD Orange PMS* _____ PMS* _____ PMS* _____

Instructions: _____

Paper

Paper Selection: Letterhead (Black Ink only) 3-color letterhead

Weight (Cover or Text)	TYPE/BRAND OF PAPER	COLOR

Carbonless: 2 part (W,Y) 3 part (W,Y,P) 4 part (W,Y,P,Go) 5 part (W,Gr,Y,P,Go)

Envelopes: Type: Window Regular Color: _____ 6 part (W,B,Gr,C,P,Go)

Size: 9 10 A2 A6 6X9 6.5X9.5 9X12 Other: _____

Cover Inside Inside

Bindery

Bindery (Attach sample of finished item) **Size of finished item:** _____

collate staple upper left saddle stitch & fold side staple drill: _____ hole cut: cut size: _____

pad: _____ sheets per pad pad at: top left right

fold - printing inside if 1 sided letter fold accordion "z" fold double parallel fold center fold

Plasticoil GBC (spiral) bind Perfect bind (like catalogs) score perforate: location _____ shrink wrap: _____ sheets/pkg. numbering/start# _____
Ink Color Red Black

Delivery

Deliver completed work to: (Name) _____ Bldg. _____ Rm# _____

Alternate Contact: (Name/Address/Phone) _____

Special Instructions: _____

Billing

Total _____

PS Job No. Rec'd