PRINTING REQUISITION

BUSINESS SERVICE BLDG.
EXT.6208

Revised 1/07

Date:_____

Requested by:_____ Dept:_____Ext. No.:_____
SECRETARY

Approved by:_____Dept:_____Ext. No.:_____
SUPERVISOR

_____Proof Requested (**first one free**) _____ Digital Color _____Campus Only State Funds _____Off Campus

Date Job Needed:_____ Charge Code:_____

No. Of Originals:_____ Copies of Each Original:_____

2nd Side:_____ Total Copies _____

INSTRUCTIONS: Submit 3 part carbonless Printing Requisitions only.

REMOVE STAPLES FROM ORIGINALS BEFORE SUBMITTING TO PRINTING

Allow 8 working days for digital color, 5 for offset printing, 3 for quick copying, (normal turn around times)

Peak printing periods and specialty orders may take longer.

PLEASE CIRCLE: COLLATE STAPLE CUT _____ NUMBER_____

_____Stitch:_____One_____Two_____Three

_____Perforate Plastic Binding:_____

_____Holes Drilled:_____Left_____Right_____Top_____Bottom

_____NO.of Pads_____ Sheets per pad: **circle** [50] [100]

_____Card: Panel:_____ other:_____

_____**Business Cards 500/box:** NO. of boxes ordered: _____

Please Circle: [Re-order no changes] [Re-order with changes] [New Order]

_____Fold: (Please Circle) **1/2** **1/3**

_____Paper: _____Size:_____

_____Color:_____Proof Charge_____ Rush Fee_____

_____Carbonless: _____2-part_____3-part_____4-part

_____NO. of Negative (s):_____ Typesetting:_____

_____Stripping Negatives:_____ Metal Plates_____

_____Letterhead 500/ream:_____Department:_____

_____Regular Envelopes 500/ box:_____Department:_____

_____Window Envelopes 500/ box: _____Department:_____

Cost per copy:_____

FOR PRINTING OFFICE USE ONLY

$_____
$_____
$_____
$_____
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$_____
$_____
$_____
$_____
$_____
$_____
$_____

$_____
TOTAL CHARGE

INSTRUCTIONS:_____
_____
_____
_____

Date Completed: _____ Operator's Initials: _____

White Copy – Accounts Payable Yellow Copy – Printing Pink Copy - Department