

Form Number _____ Estimates Needed By Time/Date _____

New Exact Reprint Reprint w/changes

Previous Job #: _____

Project Title _____

Desired Job Delivery Date: _____ Critical

Contact Information		Delivery Information	
Name:		Attn:	
Dept:		Dept:	MAIL CODE:
Phone:		BLDG:	RM#:
E-mail:		Phone:	
Fax:		Off Campus Delivery Address:	

Job Description				Proof Type	
				<input type="checkbox"/> HARD COPY <input type="checkbox"/> PDF Press Check Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Quantity	Flat Size	Finished Size	Number of Pages	Cover Bleed	Text Bleed
			<input type="checkbox"/> Plus Cover <input type="checkbox"/> Self Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Single Sheet Document

Ink Color: FRONT	Ink Color: BACK
<input type="checkbox"/> 4-Color Process	<input type="checkbox"/> 4-Color Process
<input type="checkbox"/> PMS _____	<input type="checkbox"/> PMS _____
<input type="checkbox"/> Black	<input type="checkbox"/> Black
<input type="checkbox"/> Varnish (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall)	<input type="checkbox"/> Varnish (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall)
<input type="checkbox"/> Aqueous (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)	<input type="checkbox"/> Aqueous (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)
<input type="checkbox"/> UV (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)	<input type="checkbox"/> UV (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)

Multiple Page Document

COVER:	
Ink Color: FRONT <input type="checkbox"/> 4-Color Process <input type="checkbox"/> PMS _____ <input type="checkbox"/> Black <input type="checkbox"/> Varnish (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) <input type="checkbox"/> Aqueous (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin) <input type="checkbox"/> UV (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)	Ink Color: BACK <input type="checkbox"/> 4-Color Process <input type="checkbox"/> PMS _____ <input type="checkbox"/> Black <input type="checkbox"/> Varnish (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) <input type="checkbox"/> Aqueous (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin) <input type="checkbox"/> UV (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)
TEXT:	
Ink Color: FRONT <input type="checkbox"/> 4-Color Process <input type="checkbox"/> PMS _____ <input type="checkbox"/> Black <input type="checkbox"/> Varnish (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) <input type="checkbox"/> Aqueous (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin) <input type="checkbox"/> UV (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)	Ink Color: BACK <input type="checkbox"/> 4-Color Process <input type="checkbox"/> PMS _____ <input type="checkbox"/> Black <input type="checkbox"/> Varnish (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) <input type="checkbox"/> Aqueous (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin) <input type="checkbox"/> UV (<input type="checkbox"/> Spot or <input type="checkbox"/> Overall) (<input type="checkbox"/> Gloss or <input type="checkbox"/> Satin)

Paper

<input type="checkbox"/> Cover	<input type="checkbox"/> Text
Weight: _____	
Brand: _____	
Finish: _____	
Color: _____	
<input type="checkbox"/> Cover	<input type="checkbox"/> Text
Weight: _____	
Brand: _____	
Finish: _____	
Color: _____	

Bindery / Finishing

<input type="checkbox"/> Trim Only	<input type="checkbox"/> Fold	<input type="checkbox"/> Emboss; size _____
<input type="checkbox"/> Score	<input type="checkbox"/> Perforate	<input type="checkbox"/> Foil Stamp; size _____
<input type="checkbox"/> Saddle Stitch	<input type="checkbox"/> Perfect Bind	<input type="checkbox"/> Drill; number of holes _____
<input type="checkbox"/> Wire-O Bind	<input type="checkbox"/> Die Cut	<input type="checkbox"/> Other
<input type="checkbox"/> Fold/Glue	<input type="checkbox"/> Padding ____ shts/pad	
<input type="checkbox"/> Collate	<input type="checkbox"/> Shrink Wrap	

File(s)

<input type="checkbox"/> MAC	<input type="checkbox"/> PC
Software	
Other	

Special Instructions: (Attach Email If Additional Space Is Needed)