

WORK REQUEST

Job Number
<i>DEAN/MANAGER APPROVAL (IF REQUIRED)</i>
SIGNATURE

COPY CARD NO. _____ REQUESTOR _____ E-MAIL _____

PHONE # _____ DEPARTMENT/DIVISION _____

TITLE OF WORK _____

PRINTING INSTRUCTIONS		
NO. OF SIDES	NO. FINISHED SETS	PRINT
FINISHED PAPER SIZE		

DATE STAMP

DESCRIPTION OF WORK

Special Instructions _____

PAPER TYPE

_____ and/ or _____ and/ or _____ Other

PAPER COLOR

_____ and/ or _____ and/ or _____

INK COLOR

Black and/ or Color PMS # _____ and/ or Color PMS # _____

BINDERY SERVICES	OFF-CAMPUS BINDERY SERVICES
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Cut to (if not listed) _____

Saddlestitch Red Numbers (starting at _____)
Perforate Other _____

GRAPHICS COMPOSING/DESIGN

Services Needed: Paste-up Design Signs Lamination Dry Mount Change to existing form/flyer/etc.

Paste on Black Letterhead Other _____

I Will Proof: Fax Number _____ Date Proofed _____ Init. _____

Special Instructions: _____

Compose/Design			
Init: _____	Date(s) _____	Total Time Spent _____	Filename _____
Init: _____	Date(s) _____	Total Time Spent _____	Filename _____
Camera/Stripping/Plate Making			
Init: _____	Date(s) _____	Total Time Spent _____	
Init: _____	Date(s) _____	Total Time Spent _____	
Press (set-up and printing)			
AB DICK	CHIEF	FUJI	HAMADA Océ _____ up
Init: _____	Date(s) _____	Total Time Spent _____	
AB DICK	CHIEF	FUJI	HAMADA Océ _____ up
Init: _____	Date(s) _____	Total Time Spent _____	
Bindery			
Init: _____	Date(s) _____	Total Time Spent _____	
Init: _____	Date(s) _____	Total Time Spent _____	
Supplies		Supplies	
Paper Type and Weight	Quantity _____	Board	Quantity _____
Paper Size and Quantity	_____	Lamination	_____
Paper Type and Weight	_____	OTHER	_____
Paper Size and Quantity	_____	Negs	_____
Ink	_____	Flats	_____
Press Wash	_____	Blueline	_____
Bindery	_____	Metal Plates	_____
Total Mac Pages	_____	Run Charges (Impressions)	_____
Scans	_____	Off-Campus	_____
		TOTAL	_____