

Printing Request

DATE: 10/23/08 12:43 PM

PLEASE PREPARE FOR:				
NAME OF JOB:				
NUMBER OF COPIES: _____ <input type="checkbox"/> Single sided Double sided: <input type="checkbox"/> Flip <input type="checkbox"/> Tumble				
QUALITY: <input type="checkbox"/> Bond <input type="checkbox"/> NCR <input type="checkbox"/> Card stock				
Paper size:		Weight:		Color of paper:
				Color of ink:
BINDERY: <input type="checkbox"/> Collate <input type="checkbox"/> Tape <input type="checkbox"/> Spiral <input type="checkbox"/> Snap out				
_____ Staples <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> No. of folds				
<input type="checkbox"/> Side <input type="checkbox"/> Saddle stitch <input type="checkbox"/> Sample included				
PUNCHING: _____ Holes at <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right				
PADDING: <input type="checkbox"/> Fanapart sets				
<input type="checkbox"/> Pads _____ sheets <input type="checkbox"/> Bottom <input type="checkbox"/> With backing				
per pad at: <input type="checkbox"/> Top				
_____ sets <input type="checkbox"/> Left <input type="checkbox"/> Without backing				
WRAPPING INSTRUCTIONS: <input type="checkbox"/> Boxed <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Shrink wrap _____				
SPECIAL INSTRUCTIONS:				
TYPESETTING: <input type="checkbox"/> New <input type="checkbox"/> Revised				
PROOF REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No Fax #:				
FUND:	AGENCY:	UNIT:	SUB-UNIT:	OBJT.:
DATE WANTED:			DELIVER TO:	
CONTACT PERSON:			PHONE:	