

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: _____
	<input type="checkbox"/> Color proof <input type="checkbox"/> Blueline Requested <input type="checkbox"/> Laser Copy <input type="checkbox"/> PC Disk <input type="checkbox"/> MAC Disk Program used _____ Proofing: Your regular printing schedule allows <i>one day for proofing</i> . Delay will occur if proofs are held longer.

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

Ink	No. of colors _____ <input type="checkbox"/> This job will be run through a laser printer <input type="checkbox"/> 4-color process *PMS=Pantone Matching System
	Ink: <input type="checkbox"/> Black <input type="checkbox"/> UTD Green <input type="checkbox"/> UTD Orange <input type="checkbox"/> PMS* _____ <input type="checkbox"/> PMS* _____ <input type="checkbox"/> PMS* _____ Instructions: _____

Paper	Paper Selection: <input type="checkbox"/> Letterhead (Black Ink only) <input type="checkbox"/> 3-color letterhead									
	<table border="1"> <thead> <tr> <th>Weight (Cover or Text)</th> <th>TYPE/BRAND OF PAPER</th> <th>COLOR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <input type="checkbox"/> Cover <input type="checkbox"/> Inside <input type="checkbox"/> Inside	Weight (Cover or Text)	TYPE/BRAND OF PAPER	COLOR						
	Weight (Cover or Text)	TYPE/BRAND OF PAPER	COLOR							
<input type="checkbox"/> Carbonless: <input type="checkbox"/> 2 part (W,Y) <input type="checkbox"/> 3 part (W,Y,P) <input type="checkbox"/> 4 part (W,Y,P,Go) <input type="checkbox"/> 5 part (W,Gr,Y,P,Go) <input type="checkbox"/> Envelopes: Type: <input type="checkbox"/> Window <input type="checkbox"/> Regular Color: _____ <input type="checkbox"/> 6 part (W,B,Gr,C,P,Go) Size: 9 10 A2 A6 6X9 6.5X9.5 9X12 Other: _____										

Bindery	Bindery (Attach sample of finished item) Size of finished item: _____
	<input type="checkbox"/> collate <input type="checkbox"/> staple upper left <input type="checkbox"/> saddle stitch & fold <input type="checkbox"/> side staple <input type="checkbox"/> drill: _____ hole <input type="checkbox"/> cut: cut size: _____ <input type="checkbox"/> pad: _____ sheets per pad pad at: <input type="checkbox"/> top <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> fold - printing inside if 1 sided <input type="checkbox"/> letter fold <input type="checkbox"/> accordion "z" fold <input type="checkbox"/> double parallel fold <input type="checkbox"/> center fold <input type="checkbox"/> Plasticoil <input type="checkbox"/> GBC (spiral) bind <input type="checkbox"/> Perfect bind (like catalogs) <input type="checkbox"/> score <input type="checkbox"/> perforate: location _____ <input type="checkbox"/> shrink wrap: _____ sheets/pkg. <input type="checkbox"/> numbering/start# _____ Ink Color <input type="checkbox"/> Red <input type="checkbox"/> Black

Delivery	Deliver completed work to: (Name) _____ Bldg. _____ Rm# _____
	Alternate Contact: (Name/Address/Phone) _____

Special Instructions: _____

Billing
Total _____

PS Job No. Rec'd