

Requisition for Printing Services

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**PLEASE
PRINT**

Printing Services Use Only: Cpt. No: _____ PS No.: _____ PS Code: _____

Account Number: (to be billed) : _____ Department (that will pick up job) _____

Date Ordered: _____ Date Needed: _____ • Time _____ [] a.m. [] p.m.

Description (limit of 24 characters): _____

Person Requesting Job: _____ Phone: _____

No. of Pages (if applicable)	Quantity
1	
2	
3	
4	

Original is:

- Hard Copy 1 Sided On Disk New Design Rerun with corrections
 Hard Copy 2 Sided Sent On Network Rerun

Copies should be:

- 1 Sided 2 Sided Collated Stapled

Paper

Color (other than white): _____

Weight:

- Light (20# Bond) Medium (70# Offset)
 Heavy (65# Cover)
 Other _____

Size:

- 8 1/2 x 11 8 1/2 x 14
 11 x 17 12 x 18
 Other _____

Bindery

- Cut
 3-Hole Punch
 Tape Bind (books only)
 Pad _____ sheets/pad

Fold:

- V Fold U Fold Z Fold
 Fold for Mailing
 Insert into Envelopes

- Take to Post Office for distribution
 For Mailhouse to pick up (supply disk if applicable)

Ink:

- All Black
 Black & _____
 Color _____
 4-Color

**Additional
Instructions:**

PRINTING SERVICES USE ONLY	
[] IM	[] Pr
[] 1Prf	[] 2Prf
[] J Tick	
No.	Quantity
White 20# [PO 1 3]	
Color 20# [PO 1 6]	
Docu Charge [PO 5 8]	
CC Imp. [PO 6 1]	
White #70 [PO 2 3]	
Color #70 [PO 2 4]	
White #65 [PO 2 5]	
Color #65 [PO 2 6]	
Letterhead [PO 1 8]	
[PO	
[PO	
[PO	
[LG	
[LG	
[LG	