

# OFF-CAMPUS PRINT ORDER FORM



ITEM NAME \_\_\_\_\_

JOB TYPE \_\_\_\_\_  
(ex. book, brochure, poster, etc)

QUANTITY \_\_\_\_\_

ORDER # \_\_\_\_\_  
(assigned by printing services)

DATE SUBMITTED \_\_\_\_\_

DATE NEEDED\* \_\_\_\_\_

THIS ORDER IS AN "EXACT" REPRINT OF  
UN ORDER # \_\_\_\_\_

## 1. CONTACT & PAYMENT INFORMATION

•CLIENT \_\_\_\_\_

•CLIENT PHONE # \_\_\_\_\_

•CLIENT E-MAIL \_\_\_\_\_

•GRAPHIC ARTIST \_\_\_\_\_

•GRAPHIC ARTIST PHONE # \_\_\_\_\_

•FUND PRG. ORG: 10 DIGIT # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

•DEPARTMENT \_\_\_\_\_

•RESPONSIBLE PARTY \_\_\_\_\_

## 2. DISK REQUIREMENTS

YOU MUST PROVIDE:

- LASER PRINT OUTS OF THE JOB
- LASER SEPARATIONS IF MORE THAN ONE COLOR OF INK
- PRE-FLIGHT DOCUMENT (INCLUDING PROGRAM AND PLATFORM)
- FONTS
- LINKS
- SAMPLE/MOCK-UP OF FINAL ITEM

## 3. ORDER SPECIFICATIONS

### •INK COLORS

- BLACK  PMS # \_\_\_\_\_
- 4-COLOR PROCESS  PMS # \_\_\_\_\_
- BLEEDS  PMS # \_\_\_\_\_

### PAPER TYPE

•PAPER TYPE/WEIGHT \_\_\_\_\_  
(attach sample if possible)

•PAPER COLOR \_\_\_\_\_

### ITEM SIZE AFTER PRINTING

•FLAT SHEET SIZE \_\_\_\_\_

•FINISHED SIZE \_\_\_\_\_  
(after fold/cut/etc.)

### FOLD TYPE

- HALF
- LETTER
- OTHER (please specify) \_\_\_\_\_

## 4. DELIVERY INFORMATION

CUSTOMER WILL PICK-UP JOB

SHIP FINISHED ITEMS TO DEPT/PERSON:

NAME \_\_\_\_\_

DEPT. \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_

## SPECIAL CUSTOMER INSTRUCTIONS

---

---

---

\*PLEASE NOTE: ALLOW A MINIMUM OF 10 WORKING DAYS FOR A PRINT JOB.  
PRINTING SERVICES PH# 472-1215 FAX# 472-5095