

NOTE:

- SEE BACK OF PAGE 1 FOR COPYRIGHT RELEASE CLAUSE
- SEE BACK OF PINK PAGE FOR INSTRUCTIONS ON HOW TO USE THIS FORM

DO NOT WRITE IN THIS AREA		
TIME/DATE STAMP	JOB NO.	
JOB CODE:	ASSIGNED TO:	INQUIRY NO.

1 CLIENT INFORMATION

NEW JOB REPRINT — PREVIOUS JOB # _____ REVISION — PREVIOUS JOB # _____ ESTIMATE \$ _____ QUOTED BY: _____

REQUESTED BY (NAME) - PLEASE PRINT	NET ID	DEPARTMENT	SCHOOL
ADDRESS	ROOM	MAIL CODE	PHONE
			FAX
			DATE WANTED / /

2 BILLING INFORMATION

JOBS MARKED ASAP WILL BE ASSIGNED A DATE UTILIZING OUR PRODUCTION SCHEDULE AND MAY INCUR RUSH CHARGES.

ACCOUNT	FUND	ORGANIZATION	PROGRAM	PROJECT	AMOUNT \$	AUTHORIZATION SIGNATURE	DATE
ACCOUNT	FUND	ORGANIZATION	PROGRAM	PROJECT	AMOUNT \$	X	

3 SPECIFICATIONS

BLACK INK ON WHITE STOCK WILL BE USED UNLESS OTHERWISE INDICATED

COPYING & PRINTING	PROJECT TITLE OR DESCRIPTION			
	ORIGINALS/PAGES	COPIES/QUANTITY	PRINTS: <input type="checkbox"/> ONE SIDE <input type="checkbox"/> TWO SIDES <input type="checkbox"/> MIXED/AS IS	
	FOR COPYING: <input type="checkbox"/> 8 1/2 X 11 20# WHITE <input type="checkbox"/> COVER (SIZE, WT., COLOR): _____ <input type="checkbox"/> OTHER (SIZE, WT., COLOR): _____			
	FLAT SIZE:	PAGE/FINISH SIZE:		<input type="checkbox"/> SELF-COVER <input type="checkbox"/> PLUS COVER
	TEXT STOCK:	WT.	COLOR	FINISH/TEXTURE
	COVER STOCK:	WT.	COLOR	FINISH/TEXTURE
	INK COLOR(S)			
ENVELOPE:	WT.	COLOR	FINISH/TEXTURE	INK COLOR(S)
FORM: <input type="checkbox"/> GLUE <input type="checkbox"/> SNAP <input type="checkbox"/> CONTINUOUS FEED	NO. OF PARTS	PAPER COLOR(S)	INK COLOR(S)	

4 BINDING AND FINISHING

COLLATE ONLY FOLD TO SIZE _____
 COLLATE & STAPLE CUT TO SIZE _____
 PAPER BAND PUNCH _____ HOLES
 PLASTIC COMB (GBC) NO. OF SCORES: _____
 VELO STRIP NO. OF PERFORATIONS: _____
 PLASTIC COIL PAD (# OF SHEETS) _____
 PERFECT BIND MARRY AND PAPERBAND
 SADDLE STITCH
 OTHER (SPECIFY): _____

5 DESIGN SERVICES

NOTE: IT IS THE CLIENT'S RESPONSIBILITY TO KEEP A COPY OF ALL ORIGINALS AND REVISIONS SUBMITTED TO

ARTWORK PROVIDED OUTPUT ONLY DESIGN/TYPESSETTING REQUIRED
 FROM CLIENT'S DISK (SPECIFY PROGRAM AND VERSION): _____

HALFTONES: QUANTITY _____ ON PAGES _____
 BLEEDS: QUANTITY _____ ON PAGES _____
 BLUE PRINT COLOR PROOF COLOR COMP

PROOF TO CLIENT VIA: CALL FOR PICK-UP FAX _____

If proof is not returned within 30 days, your job will be cancelled and billed for work performed.

7 SPECIAL INSTRUCTIONS

Attach sample whenever possible

8 DELIVERY INSTRUCTIONS

<input type="checkbox"/> CALL FOR PICK-UP	PHONE NO.	ATTENTION OF:	DATE CALLED / /
<input type="checkbox"/> DELIVERY REQUESTED TO:	ADDRESS	ROOM	ATTENTION OF:
RECEIVED BY (SIGNATURE):	PRINT LAST NAME		DATE RECEIVED / /

6 ADDRESSING/MAILING

TO BE MAILED BY (DATE): ____/____/____

AMOUNT TO BE MAILED: _____
 NO. OF INSERTS: _____

CHESHIRE LABELS PRESSURE SENSITIVE LABELS
 DIRECT INK JET PERSONALIZED MAIL MERGE
 FROM CLIENT'S DISK (SPECIFY PROGRAM AND VERSION): _____
 CAMPUS ADDRESS LIST DESIGNATION(S): _____

WAFER SEAL (SELF-MAILER)
 ENVELOPES PROVIDED
 INTEROFFICE ENVELOPE — 10 X 13
 #10 CAMPUS
 OFF-CAMPUS ADDRESS
 NON-PROFIT
 FIRST CLASS (LETTER FROM VP/DEAN REQUIRED)
 CASS NCOA

DO NOT WRITE IN THIS AREA

DESIGN

TYPESETTING

COPYING

OFFSET

BINDERY

MAILING

OTHER

TOTAL COST