

# NYUReprographics

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 www.nyu.edu/reprographics

<b>TIME/DATE STAMP</b>		<b>JOB NO.</b>
<b>JOB CODE:</b>	<b>ASSIGNED TO:</b>	<b>INQUIRY NO.</b>

**NOTE:**  
 · SEE BACK OF PAGE 1 FOR COPYRIGHT RELEASE CLAUSE  
 · SEE BACK OF PINK PAGE FOR INSTRUCTIONS ON HOW TO USE THIS FORM

## 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

<b>COPYING &amp; PRINTING</b>	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		
	<b>FOR COPYING:</b> <input type="checkbox"/> 8½ 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	INK COLOR(S)
	COVER STOCK:	WT.	COLOR	FINISH/TEXTURE	INK COLOR(S)
	ENVELOPE:	WT.	COLOR	FINISH/TEXTURE	INK COLOR(S)
	<b>FORM:</b> <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

<input type="checkbox"/> COLLATE ONLY	<input type="checkbox"/> FOLD TO SIZE _____
<input type="checkbox"/> COLLATE & STAPLE	<input type="checkbox"/> CUT TO SIZE _____
<input type="checkbox"/> PAPER BAND	<input type="checkbox"/> PUNCH _____ HOLES
<input type="checkbox"/> PLASTIC COMB (GBC)	<input type="checkbox"/> NO. OF SCORES: _____
<input type="checkbox"/> VELO STRIP	<input type="checkbox"/> NO. OF PERFORATIONS: _____
<input type="checkbox"/> PLASTIC COIL	<input type="checkbox"/> PAD (# OF SHEETS) _____
<input type="checkbox"/> PERFECT BIND	<input type="checkbox"/> MARRY AND PAPERBAND
<input type="checkbox"/> SADDLE STITCH	
<input type="checkbox"/> 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.*

## 6 ADDRESSING/MAILING

TO BE MAILED BY (DATE): \_\_\_\_/\_\_\_\_/\_\_\_\_

AMOUNT TO BE MAILED: \_\_\_\_\_     WAFER SEAL (SELF-MAILER)  
 NO. OF INSERTS: \_\_\_\_\_     ENVELOPES PROVIDED  
 CHESHIRE LABELS     PRESSURE SENSITIVE LABELS     INTEROFFICE ENVELOPE - 10 X 13  
 DIRECT INK JET     PERSONALIZED MAIL MERGE     #10 CAMPUS  
 FROM CLIENT'S DISK (SPECIFY PROGRAM AND VERSION): \_\_\_\_\_     OFF-CAMPUS ADDRESS  
 CAMPUS ADDRESS     NON-PROFIT  
 LIST DESIGNATION(S): \_\_\_\_\_     FIRST CLASS (LETTER FROM VP/DEAN REQUIRED)  
 CASS     NCOA

## 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 / /

### DO NOT WRITE IN THIS AREA

DESIGN
TYPESSETTING
COPYING
OFFSET
BINDERY
MAILING
OTHER
TOTAL COST