

GRAPHICS/PRINTING REQUISITION

All work should be completely **TYPED, EDITED, PROOFED (NO DRAFTS)** and on a disk in Wordperfect or Microsoft Word.
PLEASE NOTE: Graphic Artists will need 2 weeks to complete job(s) submitted.

PLEASE COMPLETE FORM and SUBMIT TO COMMUNICATIONS OFFICE ROOM 262

Title of Publication: _____

Submitted By: _____ / _____ Approved By: _____
Phone # _____ Office Director _____

Date Submitted: _____ Date Needed: _____

Account #: _____ FIMS GRANT #: _____ Posting Charge #: _____

Document Name on Disk Provided: _____

Work Requested: _____ **Printing Only** _____ **Design Cover/Title Page Only**
_____ **Design Complete Publication** _____ **Make Revisions Indicated**
_____ **Produce illustrations per attached**
_____ **Instructions/examples, etc.**

Other: _____

Requested Size: ___ 8 1/2 x 11 ___ 8 1/2x14 ___ 11x17 **Requested Fold:** ___ BiFold ___ Tri ___ Quad-fold

Layout: ___ Horizontal ___ Vertical **Requested Binding:** ___ Stapled ___ Bound ___ Collated

Number to be Printed: _____ (**Note: 500 or more will require a negative. Charged to your Account**)

Number of Ink Colors needed for Printing: ___ 1 ___ 2 ___ 3 **Other Cut:** _____ **Size**

Punched: ___ 2Hole ___ 3Hole ___ Spiral ___ Other **Type of Reproduction:** ___ Paper Master(s)
___ Negative(s)

Cover Paper: _____ **Inside Paper:** _____

Color: _____ **NOTE: If Job requires Special Paper Order contact David Morrison (8-2712) ONE MONTH prior to Completion Date.**

Size: _____

Weight: _____

Ink Color: _____

PRINT SHOP USE ONLY	GRAPHICS USE ONLY
Date Received: _____ Date Completed: _____	Job #: _____
Stock Used: _____ Stock Type Used: _____	Artist: _____
Weight: _____ # of Plates: _____	Date Received: _____
# Quick Copy Masters: _____ By: _____	Date of Final Proof: _____
Cover Stock Used: _____ Color: _____	Approved by Communications Office: _____
Size of Plates: _____ Photo-Direct Masters: _____	
Cost: _____	

COPY SHOPPE

Communications Office
Use Only:

Approved By: _____

Date: _____

NOTE: All orders for Printing go directly to the Communications Office (262) for approval.

Title of Publication: _____

Submitted By: _____

Executive Director Approval: _____

Date Submitted: _____

Actual Date Needed: _____

Account Number: _____

FIMS Grant Number: _____

Posting Charge: _____

Number of Originals: _____

X

Number of Copies: _____

=

Total Impressions: _____

Comments: _____

THE MATERIAL IS TO BE: (check where applicable)

- Copied on One Side
- Copied Front/Back
- Collated
- Stapled Corner _____ Down Side _____
- Reduce Enlarge (Where Indicated)
- 8 ½ X 11 8 ½ X 14 11 x 17
- Copy Paper
Color: _____
- Cover Stock
Color: _____
- Tape Bind
Color: _____
- Spiral Bind
Color: _____

Note: Binding Combs for requested job(s) will need to be supplied to the Print Shop.

(Check with Print Shop Foreman for additional information)