



Request for Printing Services

Send all copies of this form attached to originals and layout to: JOB NO. _____

Printing Services, Administrative Affairs

Request MUST be signed by Department Head

SIGNATURE OF DEPARTMENT HEAD		Off. Code: <input type="text"/>								
SUBJECT CODE:	SUBJECT:	PROJECT NO. <input type="text"/>								
JOB CONTACT (Name)		PHONE NO.	DATE SUBMITTED							
DESCRIPTION OF JOB		NO. OF ORIGINALS (one original=one side of sheet)	DATE NEEDED							
<input type="checkbox"/> New Job <input type="checkbox"/> Revision <input type="checkbox"/> Straight Rerun		PREVIOUS JOB NO. (if known)	PROOF WANTED <input type="checkbox"/> Yes <input type="checkbox"/> No							
TYPE OF PAPER <input type="checkbox"/> Prove Roneo <input type="checkbox"/> A.4 <input type="checkbox"/> Legal Size <input type="checkbox"/> Other _____		TYPE OF PRINTING <input type="checkbox"/> Copy Printer <input type="checkbox"/> Xerox	STAPLE <input type="checkbox"/> 1 in Corner <input type="checkbox"/> 2 on Side <input type="checkbox"/> Saddle							
COLLATE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____		PRINT ON <input type="checkbox"/> One Side <input type="checkbox"/> Both Side								
FOR OFFICE USE ONLY									COLLECTED BY	
Paper	Master	Plate	Ink	Cover Paper	Art Work	Binding	Other	Total (Price)	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
X	x	x	x	x	x	x	X		<input type="checkbox"/> Expense of _____	<input type="checkbox"/> Budget of _____
SPECIAL INSTRUCTIONS									<input type="checkbox"/> Other _____	
									Signature _____ Position _____	
ADMIN. STAFF			TYPIST		PRINTING STAFF			RECEIVER		