

COPY & MAIL CENTER | PRINT REQUEST FORM

(Please return this form, completed, to the copy center or include with email at time of printing request)

Requested by (name) _____ Department _____

Budget Code _____ Print code _____

Email _____ Phone _____

Date Submitted _____ Date Work Needed _____

*(While we do our best to accommodate everyone, please allow at least **One Week** (7 business days) from date submitted for completion of requested prints)*

PRINTING Please allocate one file name per line with corresponding printing details needed.

	Item (file name)	Paper Type*	Paper Color	Final Size	Qty	Duplex	BW/Color	Large Format
1								
2								
3								
4								
5								
6								

* Indicates paper used for Epson Large Format printer only

FINISHING Please assign any finishing needed with corresponding item number from list above. (eg. 1,2,3)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Bleed (Color to the edge) _____ | <input type="checkbox"/> No Bleed _____ | <input type="checkbox"/> Coil Bind _____ | <input type="checkbox"/> Comb Bind _____ |
| <input type="checkbox"/> Fold (type) _____ _____ | | <input type="checkbox"/> Lamination _____ | |
| <input type="checkbox"/> Staple: Location _____ _____ | | <input type="checkbox"/> Foam Core _____ | <input type="checkbox"/> Grommets _____ |
| <input type="checkbox"/> Hole punch: _____ Location _____ _____ | | <input type="checkbox"/> Laminate Foam Core _____ | |

Proof Requested: (select one) Digital Print Copy No Proof Needed – OK to Print

Special Instructions _____

Request Quote _____

SUBMIT

To be completed by Copy Center Staff

Quote _____ Total _____

(Price may differ from quote depending on any changes made from original quote)

Signature _____