

## 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 \_\_\_\_\_