

Job Request Form



For accurate printing, and to avoid delays in your request, please complete all pertinent information.

Job Number

PRINT CENTER

Requested by: _____

Phone Ext: _____

(First and Last name required)

Date Submitted: _____

Date/Time Needed: _____

Dept. Name: _____

(Please be as specific as possible)

Job Description: _____

File Name (if needed): _____

- ☐ Quote Requested
☐ Confidential
☐ Proof Required

Payment Method:

(Please include Cost Center code to prevent any delays.)

- ☐ Cash/Check
☐ Department Coding

Cost Center

Project (if applicable)

Work Order

Sub Account

Black & White Copying

Total B/W pg in the Originals # of Copies or Sets Requested

Total B/W Impressions Produced

_____ x _____ = _____

Full Color Copying

Total Color pg in the Originals # of Copies or Sets Requested

Total Color Impressions Produced

_____ x _____ = _____

Print Output: ☐ One-sided ☐ Two-sided ☐ Same as original

Paper Size: ☐ 8.5 x 11 ☐ 8.5 x 14 ☐ 11 x 17

Paper Type: ☐ White 20# ☐ Bright White ☐ White Cardstock ☐ Transparencies

☐ Paper Color: _____ ☐ 20# ☐ Cardstock

☐ Stock Provided: _____

Finishing: ☐ Collate

☐ Group

☐ Staple

☐ 3-Hole Punch

☐ Cut

☐ Laminate

☐ Fold

☐ Tri Fold

☐ Half Fold

☐ Z Fold

☐ Text in

☐ Text out

☐ Booklet

☐ Bind

☐ Coil

☐ GBC

☐ White

☐ Black

☐ Velo

☐ Front Covers

☐ Clear

☐ Cardstock : _____

Back Covers

☐ Black

☐ Blue

☐ Cardstock : _____

☐ Tabs

☐ Slip Sheets: _____

Other Instructions:

Delivery Name:

Delivery Location & Dept:

Need anything, please call the Print Center at 412-397-6344