

OFFICE USE ONLY	
Job Number	
Date Received	
<input type="checkbox"/> PROOFING	

Call 866-540-3858, ext 56017 for assistance filling out form.

Duplication requests for copyrighted materials MUST HAVE a copyright release from the producer.

Please include a statement for giving credit for duplicating materials created by someone else.

Allow at least...
 2 weeks for graphics/printing
 3-4 weeks for specialty orders

AM 61177 1/18

Today's Date: _____ Date Needed: _____ (No ASAP, Date is Needed) P.O. Number: _____

School/Location: _____ Requested by: _____

Route #: _____ Building #: _____ E-Mail: _____

Bill to: Self Bill School AEA#/ Division _____ Other _____ Phone: _____ Fax: _____

Ship to: _____ Authorized by: _____ Title: _____

Job Information	
Job Title:	_____
Job Description:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
# of pages in Original:	_____ # of Copies: _____
<input type="checkbox"/> One sided <input type="checkbox"/> Two sided	
Paper Weight:	_____ Paper Color: _____
Cover Weight:	_____ Cover Color: _____
<input type="checkbox"/> Color Ink <input type="checkbox"/> Black Ink <input type="checkbox"/> PMS Color(s) # _____	
Finished Size: <input type="checkbox"/> 4.25" x 5.5" <input type="checkbox"/> 8.5" x 5.5" <input type="checkbox"/> 8.5" x 11" <input type="checkbox"/> 8.5" x 14" <input type="checkbox"/> 11" x 17" <input type="checkbox"/> 12" x 18" <input type="checkbox"/> Other: _____	
Bindery: <input type="checkbox"/> Cut <input type="checkbox"/> Fold <input type="checkbox"/> Collate <input type="checkbox"/> Saddle Stapled <input type="checkbox"/> Staple _____ side <input type="checkbox"/> Pad _____ Sheets per Pad <input type="checkbox"/> Coil Bind <input type="checkbox"/> Hole Punch (circle one)... 1 2 3 <input type="checkbox"/> Laminate	

OFFICE USE ONLY			
<input type="checkbox"/> PREPRESS			
	Quantity	Unit Cost	Total
Plates			
Wash up			
Prepress Total \$			
<input type="checkbox"/> PRINTING			
<input type="checkbox"/> C75 Color	Impressions: _____		
<input type="checkbox"/> C75 Black	Impressions: _____		
<input type="checkbox"/> D136/4110	Impressions: _____		
<input type="checkbox"/> Offset	Impressions: _____		
Out of Printing:	Printing Total \$		
<input type="checkbox"/> BINDERY			
	Hrs.	Min.	Cost
<input type="checkbox"/> Cut			
<input type="checkbox"/> Fold <input type="checkbox"/> half <input type="checkbox"/> thirds <input type="checkbox"/> other			
<input type="checkbox"/> Collate			
<input type="checkbox"/> Hole Punch 1 2 3 <input type="checkbox"/> Coil Punch			
<input type="checkbox"/> Pad Quantity _____ Sheet/Pad			
<input type="checkbox"/> Binding <input type="checkbox"/> Coil Size:			
<input type="checkbox"/> Saddle <input type="checkbox"/> On Side <input type="checkbox"/> Upper Left			
<input type="checkbox"/> Other			
<input type="checkbox"/> Out of House Date due back			
Bindery Total \$			
Date Completed:		Total Cost: \$ _____	

OFFICE USE ONLY			
<input type="checkbox"/> GRAPHIC			
Due out of Graphics:	Hrs.	Min.	Cost
Graphic Labor			
Out of Graphics:	Graphics Total \$		