

PRINTING ESTIMATE REQUEST

Date _____

Job Description _____

Contract Person _____ Phone _____ FAX _____

Campus Address _____ E-Mail: _____

Bill To: _____

Type of Job: New Reprint Reprint w/changes (Old Job Number) _____

Quantity _____ Number of Pages/Panels _____

Flat (unfolded) Size _____ Page Size _____ Finished (final) Size _____

Cover: Self Separate Bleeds: Top Bottom Left Side Right Side

PAPER AND INK

Text Paper _____ Text Ink(s) _____

Cover Paper _____ Cover Ink(s) _____

Misc Paper _____ Ink(s) _____

Paper _____ Ink(s) _____

Vendor _____

Special Instructions _____

COMPOSITION/DESIGN & LAYOUT

Camera Ready We Typeset We Design Disc Furnished (Software Used) _____

Special Instructions _____

PRESSWORK

Text Prints 1 Sided 2 Sided Copy Center: Black & White 1 Sided 2 Sided

Cover Prints 1 Sided 2 Sided Color Copies 1 Sided 2 Sided

Special Instructions _____

BINDERY/FINISHING

Fold to Size _____ Hand Collate Perfect Bind Unibind

Score Perforate Saddle Stitch Comb Bind (color _____)

Die Cut Custom Die Required Side Stitch & Tape Spiral Bind (color _____)

Emboss Number Staple ULC Pad Carbonless Drill No. of holes _____

Shrink Wrap in quantities of _____ Pad Regular in sets of _____ Laminate

Special Instructions _____

MAILING

We Generate Labels Disc Provided Tabbing Clear / White _____ Inserting # of items _____

Labeling: Inkjet Postage: Standard Bulk Non-Profit Bulk 1st Class

Special Instructions _____