

**THE UNIVERSITY PRINT SHOP
WORK REQUEST FORM**

Requisition Reference No. _____

FUND				DEPT ID				PROGRAM				PROJECT				CLASS			

WORK ORDER SUBMITTED TO: MAIN 54501 BH-178 52499

CALL FOR PICK-UP AT: MAIN BH-178

DEPT: _____
 Phone/ Fax _____
 CONTACT: _____
 Email _____
 CONTACT: _____
 CONTACT PERSON FOR SPECIFIC JOB INFORMATION Email _____
 TITLE OF WORK: _____
 ACCOUNT AUTHORIZING SIGNATURE: _____
 DELIVER TO: _____
 Department/Name _____ Building _____ Room No. _____

Standard 10 working day delivery
 OR:
 DUE DATE: _____
Please indicate above the specific date required.
 QUOTED PRICE: _____
 QUOTE NUMBER: _____
 BILLING PRICE _____

I certify that the request material is not under copyright/permission to copy from copyright owner attached.
 Signature _____ /Date _____

<p>PROCESS DETAILS NO. OF ORIGINALS / NO. OF COPIES <input type="checkbox"/> Camera Ready <input type="checkbox"/> Typesetting/ Design <input type="checkbox"/> Disk Supplied PRINT: <input type="checkbox"/> One Side Only <input type="checkbox"/> Both Sides PAPER STOCK: INK COLOR: NCR <input type="checkbox"/> No. of Parts _____ NOTES:</p>	<p>THE UNIVERSITY PRINT SHOP OFFICE USE ONLY JOB SPECS:</p>	
	<p>UNIVERSITY STATIONERY BUSINESS CARD LISTING 1 _____ <input type="checkbox"/> Box of 250 <input type="checkbox"/> Box of 500 <input type="checkbox"/> Box of 1,000 INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod</p>	<p>BUSINESS CARD LISTING 3 _____ <input type="checkbox"/> Box of 250 <input type="checkbox"/> Box of 500 <input type="checkbox"/> Box of 1,000 INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod</p>
	<p>BUSINESS CARD LISTING 2 _____ <input type="checkbox"/> Box of 250 <input type="checkbox"/> Box of 500 <input type="checkbox"/> Box of 1,000 INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod</p>	<p>BUSINESS CARD LISTING 4 _____ <input type="checkbox"/> Box of 250 <input type="checkbox"/> Box of 500 <input type="checkbox"/> Box of 1,000 INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod</p>
	<p>LETTERHEAD QUANTITY _____ <input type="checkbox"/> Reams of 20# Bond or <input type="checkbox"/> Reams of 24# Rag INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod</p>	<p>LETTERHEAD QUANTITY _____ <input type="checkbox"/> Reams of 20# Bond or <input type="checkbox"/> Reams of 24# Rag INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod</p>
<p>BINDERY</p>	<p>ENVELOPES QUANTITY _____ <input type="checkbox"/> #9 Business Reply <input type="checkbox"/> #10 Regular <input type="checkbox"/> #10 Window <input type="checkbox"/> Other _____ INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod <input type="checkbox"/> Print Barcode on Back Flap <input type="checkbox"/> Supply Labels/# of Sheets= _____</p>	<p>ENVELOPES QUANTITY _____ <input type="checkbox"/> #9 Business Reply <input type="checkbox"/> #10 Regular <input type="checkbox"/> #10 Window <input type="checkbox"/> Other _____ INK: <input type="checkbox"/> Black Only <input type="checkbox"/> Black/Gold Foil <input type="checkbox"/> Black/GoldenRod <input type="checkbox"/> Print Barcode on Back Flap <input type="checkbox"/> Supply Labels/# of Sheets= _____</p>
<p>QUICK COPY: _____ DATES: IN _____ OUT _____</p>	<p>(SEE BOXES BELOW TO ENTER BARCODE NUMBER)</p>	

BARCODE NUMBER FOR ENVELOPES AND LABELS (MAILING ACCOUNT)

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