

DUPLICATING REQUEST

- Job on Hold - _____
 Job on Hold - Paper on Order

DIRECTIONS: Use this form with camera-ready copy only. Submit originals on white stock with 1/4 inch margins and any signatures in black. Deposit material with this form in the "IN" basket in the Press Room. Retain originals to submit again if work may be reprinted.

Today's Date: _____

Date Required: _____ Please do not use "ASAP." Allow 1 work day for printing.

Account Number: ____/____/____/____/____
Please Use Entire Account Number

Originator: _____ Phone: _____

Description: _____

Special Instructions: _____

Copyright Material

In submitting this copyright request, I have complied with the Copyright Law of the United States (Title 17, U.S. Code) and have submitted proper authorization, if warranted, to the Division Chair/Director in my department.

Please check one:

- I have submitted a letter of permission to the Division Chair/Director in my department.
- The use of this piece falls within the Fair Use Guidelines.

Signature: _____

Policy #6.43

Originals

Number of Originals: _____
If double sided, please count each side as an original.

One-sided
 Two-sided
 Mixed (One- and Two-sided)

Job Completion

Quantity of Each: _____ **8 Impression Minimum**

One-sided Two-sided Mixed

Collate

Staple:

Single Landscape Book

Bind: Tape Bind Spiral Bind Pad

Fold: Single Letter

Trim: Finished Size _____ x _____

Stock Specifications

Size: 8 1/2 x 11 8 1/2 x 14 11 x 17

Paper Selection:

- Standard Astrobright Cardstock
 Burgundy Letterhead Black Letterhead
 Carbonless: Sets of _____
 3-Hole Punch – **Available in white, blue, and pink.**

Color Selection:

- White Blue Gold Buff
 Green Ivory Pink Salmon
 Cherry Tan Gray Canary
 Lilac

Fold and Insert

Allow extra time for folding and inserting. A minimum of 20 pieces is required before the printshop will fold and insert.

- Window Envelope with Logo
 Black Logo Envelope
 Burgundy Logo Envelope
 Plain Envelope
 Window - Check Envelope
 Business Reply Envelope (*Insert ONLY*)

Charge Office Supply Account Number:

____/____/____/____/____

* For Graphic Arts Use ONLY

Completed by: _____

Date: _____

Time In _____ Time Out _____

Chargebacks:

_____ @ 4¢ _____ @ 6¢ _____ @ 20¢

This an estimate ONLY. • Actual cost will be charged by meter count.