



University of South Carolina Printing Request Form

THIS AREA FOR PRINT SHOP USE ONLY

Date: _____

Date Required: _____

1. DESCRIPTION OF ITEM REQUESTED: (attach sample) _____

2. PRINTING INSTRUCTIONS:

Number of copies: _____

Number of pages: _____

Color of paper (cover): _____

Color of paper (inside text): _____

Color of ink (cover): _____

Color of ink (inside text): _____

Completed/Finished Size: _____ x _____

- Print 1/side
- Print 2/sides
- Collate
- Staple
- 3/hole Punch
- Tape Bind
- Pad _____ per pad
- Fold to size _____ x _____ (Print to Inside Outside)
- Perforate
- Score
- Saddle Stitch
- Comb Bind
- Sure Bind
- Coil Binding

3. DISTRIBUTION INSTRUCTIONS:

- Distribution List
- Columbia Campus
 - All Campuses

4. DEPARTMENT INFORMATION (REQUIRED):

Dept.: _____

Bldg.: _____ Room No.: _____

Phone: _____ Fax: _____



PRINTING TO DELIVER



CUSTOMER TO PICK UP

- Forward to Standard Mail Department (must submit a Mail Request Form)

Contact Person: _____

Approved _____
Dept. Head or Authorized Signature

Dept. Head _____
Print Name of above signature

ADDITIONAL INFORMATION

Email Address: _____

Estimate # _____ Date: _____

Estimated Cost: _____

5. FILE INFORMATION (If Applicable):

- Reprint - no corrections, previous job # _____
Attach sample No changes With changes
- Use provided printout (no digital file available)
- Disk Attached Public Folder FTP Folder
- Emailed to artwork@printing.sc.edu
Printing Services at 1600 Hampton Street
- Emailed to rhqc@printing.sc.edu
Quick Copy at Russell House Carolina Underground

Person sending Email _____

Email subject _____
(Please provide job description in the line of email.)

Format: Macintosh IBM

Software Used: (Ex: InDesign CS, PDF, Illustrator CS)

- Proof at Printing Services
- Proof Faxed
- Proof E-mailed with Proof Sheet
- No Proof Requested

E-mail Address _____

Please provide all Art or Links and Fonts.
Laser printout of file should be provided.
If file is more than one color, printouts of the color separations should also be provided.

If available, please provide a printed sample of previous edition of job.

PLEASE LABEL YOUR DISK SO IT CAN BE RETURNED.

6. ACCOUNT INFORMATION (REQUIRED)

Dept. No.	Fund No.	Object Code	
<input type="text"/>	<input type="text"/>	52051	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR PRINT SHOP ACCOUNTING USE ONLY

Printing:	\$
Postage:	\$
Other:	\$
Actual Cost:	\$

Date _____