



# 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: \_\_\_\_\_

E-mail: \_\_\_\_\_



**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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  In-House 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	
		52051	

**FOR PRINT SHOP ACCOUNTING USE ONLY**

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

Date \_\_\_\_\_