



# University of South Carolina Printing Request Form

Req. #.

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  Perforate

Print 2/sides  Score

Collate  Saddle Stitch

Staple  Comb Bind

3/hole Punch  Sure Bind

Tape Bind  Coil Binding

Pad \_\_\_\_\_ per pad

Fold to size \_\_\_\_\_ x \_\_\_\_\_ (Print to  Inside  Outside)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate # \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

5. FILE INFORMATION (If Applicable):

Reprint, original date, 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 russellhouseartwork@printing.sc.edu  
Quick Copy at Russell House Carolina Underground

Person sending Email \_\_\_\_\_

Email subject \_\_\_\_\_  
**(Please provide job description in the subject line of email.)**

Format:  Macintosh  IBM

Software Used: (Ex: InDesign CS, PDF, Pagemaker 6.5, Illustrator CS)

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. COPYRIGHT AUTHORIZATION:

The requestor warrants that permission to duplicate copyrighted materials has been obtained.

Signature \_\_\_\_\_

7. ACCOUNT INFORMATION (REQUIRED)

Dept. No.	Fund No.	Object Code	
		52051	

**FOR PRINT SHOP ACCOUNTING USE ONLY**

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

Date \_\_\_\_\_