



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, 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, Disk Attached, Public Folder, FTP Folder, In-House Folder, Emailed to artwork@printing.sc.edu, Emailed to rhqc@printing.sc.edu

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)

Table with 4 columns: Dept. No., Fund No., Object Code, and an empty column. Object Code contains 52051.

FOR PRINT SHOP ACCOUNTING USE ONLY

Table with 2 columns: Description (Printing, Postage, Other, Actual Cost) and Amount (\$).

Date \_\_\_\_\_