



DEPARTMENT OF GRAPHICS & MATERIALS PRODUCTION WORK REQUEST

IMPORTANT PLEASE FILL OUT A SEPARATE REQUEST FOR EACH INDIVIDUAL ORDER!

Bernadette C. Poitier, Supervisor
9999-Room 150
Phone 995-1138

GRAPHICS

JOB NUMBER _____ **REQUISITION #** _____

DATE REQUESTED _____ DATE REQUIRED _____

DEPARTMENT/ SCHOOL _____ APPROVED BY _____

FUND OBJECT CONTACT PERSON _____ PHONE _____

LOCATION PROGRAM FUNCTION ROOM NO. _____

TITLE _____ *FORM NO. _____

NO. OF COPIES _____ NO. OF SHEETS ONE SIDE _____ NO. OF SHEETS TWO SIDES _____

PAPER COLOR: WHITE OTHER _____ **COVER COLOR:** WHITE OTHER _____ FULL COLOR INK COLOR(S)

8 1/2 X 11 8 1/2 X 14 11 X 17 OTHER _____ ENVELOPES: Window Plain

CARD STOCK: Size _____ Color _____

CARBONLESS PAPER: No. of Sets _____ Size _____ 2-PART 3-PART 4-PART 5-PART

COLLATE STAPLE TOP LEFT STAPLE TWO ON SIDE SADDLE STITCH FOLD _____

PAD (_____ Sheets per pad) CUT PUNCH RUBBER BAND BROWN WRAP PLASTIC WRAP ACETATE

BIND: (check one) Spiral Velo Tape Cover Laminate Coil

OTHER INSTRUCTIONS

TOTAL COST _____

INSTRUCTIONS

*ALL FORMS MUST BE APPROVED BEFORE PRINTING BY FORMS MANAGEMENT IN ROOM 657. FOR INFORMATION CALL 995-2062

**KEEP PINK COPY OF GRAPHICS WORK REQUEST FORM FOR YOUR RECORDS.

FOR DEPARTMENT OF GRAPHICS PRODUCTION ONLY

ORIGINALS TO BE RETURNED AFTER PRINTING TO:
FORMS MANAGEMENT, RM. 657.

LAYOUT	CAMERA	PRINTING	COLLATING	COMPLETED
BY _____	BY _____	BY _____	BY _____	BY _____
HRS. _____	HRS. _____	DATE STARTED _____	DATE STARTED _____	DATE STARTED _____
STRIPPING	NEGATIVES _____	FINISHED _____	FINISHED _____	FINISHED _____
BY _____	METAL PLATES _____	HRS. _____	HRS. _____	HRS. _____
HRS. _____	STATS _____	RAN _____	COMPLETED BOOKS _____	QUANTITY COMPLETED _____
		WASTE _____		
		PRESS _____		

DATE CALLED _____ BY _____ MAIL ROOM _____

WHITE - GRAPHICS DEPT.

YELLOW- FILE

CUSTOMER - PINK

FM-0875 Rev. (07-01)