

University Graphics at NC State

2721 Sullivan Dr. Campus Box 7226, PH: 919-515-2131

Received at Univ. Graphics

(For Office use Only)

JOB NUMBER

Request for Printing

Please be thorough-Provide all pertinent information

Requested Delivery Date

Allow time for proofing along with all other steps in the printing process

Previous Job Number

If this is a reprint (or resembles a previous job) please provide that job number.

Acct # / FAS # _____

Requesting Dept _____ Contact Person _____

Phone _____ Fax _____ Email _____

Send Proof To _____ Bldg & Room Number _____

Send Confirmation To _____ Campus Box No. _____

Delivery Instructions: Call when ready Deliver (you must provide the information on the next line for delivery)

Dept _____ Bldg. & Room No. _____ Attention _____

Job is to be mailed First Class Nonprofit Bulk Rate Campus Mail Out-of-country Address Yes No

Labels provided Via Email Diskette CD Hard Copy Labels

Table with 2 columns: QUANTITY, DESCRIPTION. Includes a note: Nature of job, kind of paper, ink colors, Include a sample or mock-up to go by: Electronic file submission [on line / zip / floppy / CD] circle all that apply

Finishing Details

Padded _____ per Pad _____ Perforated _____ Specify _____ Stapled _____ Specify _____ Drill _____ Specify _____ Collated _____ Specify _____ Folded _____ Specify _____ Inks _____ PMS Colors _____ Specify _____ Binding _____ Specify _____ Number _____ to _____ Cartons _____

By my signature below, I certify that the materials I have submitted to be printed: A) Do not contain copyright protected material; B) I have written permission from all copyright owners to (re)print these materials; or C) I own the copyright for these materials

Signed _____ Date _____ Person Authorized to Charge to the above account number