Physical Education Complex
(Room 179)
Phone: 410-951-3750
Fax: 410-951-6387

Request for Printing and Design Form

Department

Department / Contact Name

Phone

Pick-Up Schedule

☐ Pick-Up
☑ Delivery

Drop-off / Request Day		Pick-up / Finishing Day	
Monday	☐	Wednesday	☐
Tuesday	☐	Thursday	☐
Wednesday	☐	Friday	☐
Thursday	☐	Monday	☐
Friday	☐	Tuesday	☐

Note: There is a minimum 2-3 business day for all work. Additional charges may be assessed for faster turnaround.

This area is required for only color and/or design request.

PeopleSoft # / Department ID: _____ Account #: _____

Name _____ Date _____

(Signature required before work can begin. Signature authorizes expenditure from the named budget and acceptance of the Terms and Conditions.)

Nature of Materials

Syllabus_____ Test _____ Letters _____ Other _____

Production

# of Copies

X

# of Originals

Paper Type

☐ Regular
☐ Gloss
☐ Cover
☐ Other

Page Size

☐ 8 ½ X 11
☐ 8 ½ X 14
☐ 11 X 17
☐ 12 X 18
☐ Banner / Poster Size
24in. x _____
36in. x _____
42in. x _____

Sides

☐ 1 : 1
☐ 1 : 2
☐ 2 : 1
☐ 2 : 2
☐ as : is

Collation

☐ 1 2 3
☐ 1 1 1
☐ 2 2 2

☑ **B & W**
☐ **Color**

Finishing

Banner / Poster Paper Type

☐ White bond ☐ Adhesive
☐ Matte ☐ Backlit Film

Binding

☐ COMB
☑ BOOK

Mounting

☐ Foam Board

Only for Poster printing 32 x 40 or smaller.

Hole Punch

☐

Stapling

☐ ☐ ☐ ☐

Re staple originals?
☐ Y ☐ N

Folding

☐ ☐ ☐ ☐ ☐

Request for Graphic Design Work

☐ Design & Create
☐ Add Header/Footer
☐ Add Page #
☐ Cut & Paste
☐ Merge Documents
☐ Photo Enhancement
☐ Shift Image
☐ Text Edits

Note: Graphic Design services will be billed at $50.00 per hour. In the event of a cancellation, design charges are non-refundable. There will also be additional charges for excessive revisions.

ALL MATERIALS MUST BE ACCOMPANIED BY A REQUEST FOR PRINTING AND DESIGN FORM. FORMS ARE NOW AVAILABLE ON THE K DRIVE AND WEB SITE. Submit

Approval

Proof To Customer

Please provide feedback and instructions to proceed:

☐ **GO:** I have reviewed the sample output of the job and am satisfied with its quality. I authorize Mail and Print Services to output the remainder of my order at the agreed-upon specifications and costs.

☐ **OK WITH CHANGES:** I authorize Mail and Print Services to make the noted minor changes to the review print and output the entire job according to the agreed-upon specifications, without any additional review prints for my approval.

☐ **NEW REVIEW PRINT REQUIRED:** Please make the noted changes and send another review print/proof.

☐ **REVIEW WAIVED** (***not recommended***): I choose not to review a review print. Please complete the job as indicated on the Printing and Design request form.

Customer's signature _____ Date _____

Disclaimer

When picking up your order, it is your responsibility to make sure that it is accurate. If there is an error on your part, you will be required to resubmit the job for reprinting at your department's expense. **Your signature verifies that you have checked your work thoroughly.**