

Contact Information

IDT Number _____

Contact Name _____

Department Name _____

Local Contact Number _____

Department Account _____

Date Submitted: _____

Date Required _____ **(ASAP is NOT a date.)**

Name of Item _____

Format sent to Copy Center Color (COPY-COLOR) Black (COPY-BLACK) Hard Copy

Name of Electronic File: _____

Person Logged on to the computer sending the Electronic File (ex. smithj): _____

Proof (A proof is for approval of paper and color/print quality.) Yes No

CONTENT & TEXT MUST BE PROOFED PRIOR TO SUBMITTING TO COPY CENTER FOR PRODUCTION!

Special Instructions Yes No

Quantity Requested _____

Number of Originals _____

(How many copies?)

(How many pages? Ex. 3 pages front-to-back = 6 originals.)

Copies

Ink/Toner full color black only color & black (please mark pages)

Page Size 8.5x11 (letter) 8.5x14 (legal) 11x17 (tabloid/ledger) 12x18

Paper Weight Standard Premium Coverstock Gloss Cover

Paper Color: _____

Special Paper: Tabs Transparencies Clear Covers Black Backs

Other (CofC Official) _____ Other (special order) _____ Other (provided) _____

Duplexing Single-Sided Front-to-Back Mixed (please mark pages)

Collation Yes No

Stapling Yes No If Yes, where and how many staples: _____
(Does not include Booklets)

Hole Punch Yes No If Yes, where and how many holes: _____

Finishing

Binding Plastic Comb Tape Coil Booklet 5.5x8.5 Booklet 8.5x11

Cutting Yes No Trim Size _____ Yield (How many cut pieces?): _____

Pads Number of Pads _____ Sheets per pad _____ Top Side

Lamination Laminate Mount Pouch
 8.5x11 8.5x14 11x17 Other _____

Folding Bifold Trifold Z-fold Other _____

Mailings Stuff/Seal Clear Mail Tabs Labels

Other Shrink Wrap _____