

**\* REQUIRED FIELDS**

# Print-Copy Request

\*Date submitted \_\_\_\_\_ \*REQUEST # \_\_\_\_\_  
 \*Date required \_\_\_\_\_ \*ACCOUNT # \_\_\_\_\_

NAME OF JOB		FORM # _____		<b>PRODUCTION # _____</b>	
		F-		<b>PRINT SHOP USE ONLY</b>	
INK COLOR BLACK COLOR  (Other - specify color)	PAPER COLOR WHITE OTHER  (specify color)	ONE SIDE  TWO SIDES  COLLATE  NO COLLATE  STAPLE/S.S.  NO STAPLE  COMB BIND  PERFECT BIND	FOLD Size _____  CUT Size _____  PUNCH  PAD  PERF  TABBING  TYPESET	QUANTITY	PRICE
COVER _____ INK COLOR _____				TYPESETTING	
STOCK _____				PRINT SHOP MAIL / MERGE / SCANNING	
COLOR _____ WEIGHT _____				PLATES	
SPECIAL INSTRUCTIONS/COMMENTS				PERFECT BIND	
				COMB BIND	
				SPIRAL BIND	
				TABS	
				PAPER/SUPPLIES	
				OMNI 3200	TYPESET/PSM
				1250 512	MATERIAL COST
				1070 Wide Format	MACHINE COST
				7110 Score/Crease	
				PRINTED BY	LABOR
				DATE PRINTED	A/O
				DATE FINISHED Initials	<b>TOTAL COST</b>
NUMBER OF PAGES		NUMBER OF COPIES		TOTAL with indicia/tab _____	SUB OBJECT 5607
				TOTAL w/o indicia/no tab _____	

DELIVER TO (name/location/office)  
 MAIL ROOM  
 ADDITIONAL COPIES (QTY. \_\_\_\_\_) TO

PROJECT CONTACT (phone number/ext. location/office)	AUTHORIZED BY
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<b>Mailing Information</b>	ADDITIONAL REQUIREMENTS	<p><b>Please email this completed form and electronic copy to <a href="mailto:Printshop@sunyempire.edu">Printshop@sunyempire.edu</a>.</b></p> <p><b>If not completely filled out, we will print/copy/finish the most cost-effective way.</b></p>
CLASS OF MAILING	INSERTING	
FIRST CLASS	ENVELOPES REQUIRED	
FIRST CLASS PRESORT (500 minimum)	YES NO SELF-MAILER	
STANDARD BULK MAIL (200 minimum)	TYPE OF ENVELOPE	