

Printing Order Form

Please complete this form and upload it to your printing request in MARS. *Chart string information and budget authority signature required for processing**.

Today's Date: _	Date Job Needed:						
Project Name:							
Person Ordering:P				hone:		Fax:	
Department:							
Account	Fund	Department	Program		Class	Project/Grant	BU
							68030
Delivery Address: Attn:							
Budget Approval: Assistant Dean/Chair Artwork Approval: Public Information & Marketing							
Design Description: Quantity:							
NUMBER OF PAGES 8.5 x 11 11 x 17 8.5 x 14 Other:							
SIZEx Folds tox Folds tox Ship Flat							
PAPER WEIGHT Text weight Card stock TYPE Glossy Matte							
COLOR one color two color four color							
PRE-PRESS Camera Ready Text provided electronically							
BINDING Plastic coil Saddle stitch Fold							
SPECIAL INSTRUCTIONS							

*NOTE: Quote will be sent to person ordering for approval prior to order being placed.