

Printshop Requisition

Equal employment opportunity



Project Description _____ Approved By _____

_____ Date _____ Requestor _____ Dept. _____ Rm # _____ Phone # _____ Date Requested* _____

Budget Code and Classification

	Fd	Resc	Y	Objt	So	Goal	Func	Sch	DD1	DD2	
_____ %											\$ _____
_____ %											\$ _____
_____ %											\$ _____

Paper and Bindery Specifications

# ORIGINALS:	PAPER SIZE:	PAPER COLOR:	PAPER TYPE:	FINISHING:
	___ 8 1/2" X 11"	___ White	___ Bond	___ Collate and Staple
# COPIES:	___ 8 1/2" X 14"	___ Color _____	___ Astrobright	___ Collate (no Staple)
	___ 11" X 17"	___ As per Copy	___ Card	___ Fold (Half, 3 Panel U, 3 Panel Z, 4 Panel)
	___ Other		___ NCR	___ Punch (3 Hole, 2 Hole)
	___ One Side		___ Envelopes	___ Other _____
	___ Two Sides	Ink Color _____	___ See Sample	___ None
	(MUST CHOOSE TWO)	(MUST CHOOSE TWO)	(MUST CHOOSE ONE)	(MUST CHOOSE ONE)

<p align="center">ADDITIONAL INSTRUCTIONS</p> <p>Bill to: _____ _____ _____</p>	<p align="center">PRINTSHOP USE ONLY</p> <p>Materials/Time Used: _____ _____ _____ _____</p> <p>Collate No. of Sheet: _____</p> <p>No of Staples: _____</p> <p>Fold No. of Sheets _____</p> <p>Punch No. of Sheets: _____</p> <p>No. of Cuts: _____</p> <p>Type/Graphics: _____</p> <p>Handwork: _____</p>
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Sub Total: _____

Tax: _____

Received by: _____ Date: _____ **Amount:** \$ _____

**To Help Meet Requested Date, form must be completed in its entirety.*