# WINTHROP UNIVERSITY
Printing Services

## Printing Request Form
*(one request per form)*

*Rev. 10/14*

**PRINTING REQUEST FORM INSTRUCTIONS**
***(one request per form)***

Fill in the white sections of this form as completely as possible. **Include a complete sample of work.** ***Do not*** staple originals to the work request. For assistance, call Printing Services (ext. 2221). E-mail (printingservices@winthrop.edu), fax (323-2450) or deliver request to Printing Services, 105 McBryde Hall.

| DEPT. NAME: | DATE | DEPT. BLDG., & ROOM NO.: | FUND/ORG: |
|---|---|---|---|
| REQUESTED BY: | AUTHORIZED BY: ***(THIS IS A MUST)*** | ☐ DELIVER TO:<br>☐ WILL PICK UP, CALL: | |

| DEPT. JOB NO.: | PRINT SHOP JOB NO.: | DATE NEEDED IS A MUST: ***ASAP not acceptable*** _____/_____ *Month / Day* | TELEPHONE/EXT.: | NAME OF JOB: |
|---|---|---|---|---|

**DESCRIPTION** ***(Please check appropriate box)***

- ☐ **Black Copies**
- ☐ **Color Copies**
- ☐ Business Cards
- ☐ Envelopes
- ☐ Letterhead
- ☐ Blank Stock
- ☐ Large Format Poster
- ☐ **Signs (Plastic)** **
  - ☐ Door Sign
  - ☐ Desk Sign
    - ☐ w/ holder
- ☐ Typesetting Only

*** When requesting plastic signs, please type your sign information on a seperate sheet and attach to your request.*

**SPECIAL INSTRUCTIONS:**
**(THIS SPACE NOT FOR ADDITIONAL JOBS)**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**PRINTING** *(If you don't know please don't write in box)*

**CHECK ALL THAT APPLY**

- ☐ Customer Original
  - ☐ Emailed
  - ☐ Thumb Drive
- ☐ New work
- ☐ Revised
- ☐ Reprint

Finished size:

Paper weight:

Paper color:

Finished Quantity:

Ink: Black ☐ Color ☐

- ☐ Print 1 side
- ☐ Print 2 sides (F/B)
- ☐ Print head to foot

**NCR (CARBONLESS)**

- ☐ 2 part ☐ 4 part
- ☐ 3 part ☐ 5 part

No. of sets per pad: 25 ☐ 50 ☐

**BINDERY**

Collate & spiral bind ☐ ☐

Collate & staple ☐ ☐ ☐

Saddlestitch ☐

Collate only ☐ 1 2

Hole punch 1 2 3 ☐ ☐ ☐

*(please attach sample for 1 or 2 holes)*

**FOLD**

- Letterfold ☐
- Fan Fold ☐
- Double Panel Fold ☐
- Single Fold ☐

- Laminate ☐
- Perforate *(attach sample)* ☐
- Score *(attach sample)* ☐
- Shrink Wrap ☐

**FOR PRINTING SERVICES USE ONLY**

**TYPESETTING (PRINTING SERVICES USE ONLY):**

_____
_____
_____
_____
_____
_____

Date received in P.S.:_____

Date completed:_____

By:_____

No. of Originals: _____

Run Size: _____

_____

**• Work request must be filled out completely. • ASAP is not acceptable for a due date. • Number of originals is a must. •**

Departments requesting work are responsible for all copyright materials.
Departments must comply with the policy on Use of Copyrighted Material mandated by the Board of Trustees of Winthrop University.