

Enter your Department Abbreviation.

Let us know if you plan to pick-up or would like us to deliver.

If the job will require further processing (i.e., bulk mail), mark "Hold in Shop".



UNIVERSITY PRINTING SERVICES CHARGE AUTHORIZATION FORM

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DEPARTMENT	ZIP	BUILDING	ROOM	FAX	PHONE	DEL.	PICK-UP	HOLD
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JOB DESCRIPTION																			
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CHARGE TO THIS ACCOUNT NUMBER (choose one):

STATE:	FUND	DEPT	ACCT	PROG	PROJECT	CLASS
	D		6 6 0 0 0 2			

FOUNDATION:	REQUESTED BY

ASSOCIATED STUDENTS:	I CERTIFY I AM AUTHORIZED TO MAKE EXPENDITURES FROM THE ACCOUNT NUMBER SPECIFIED ABOVE.
	SIGNATURE _____

REQUESTED DATE (MO/DAY/YR)	DUE DATE (MO/DAY/YR)

We must have a signature to proceed with your request.

If you are sending files directly to one of our printers or via e-mail, please use this section.

E-FILE SUBMISSION

FILE INFORMATION	<input type="checkbox"/> FILE SENT OVER NETWORK TO
<input type="checkbox"/> MAC <input type="checkbox"/> PC <input type="checkbox"/> PDF	<input type="checkbox"/> DOC <input type="checkbox"/> FIERY <input type="checkbox"/> ECRM
FILE TYPE _____	<input type="checkbox"/> CD/DISK/FLASH DRIVE SUPPLIED
FILE NAME _____	<input type="checkbox"/> FILE E-MAILED TO
	<input type="checkbox"/> COPY CENTER <input type="checkbox"/> OTHER _____

COPY CENTER OR PRINTING INSTRUCTIONS

ORIGINALS	SIZE	<input type="checkbox"/> BACK-TO-BACK	<input type="checkbox"/> EXAM
	<input type="checkbox"/> 8 1/2 x 11	<input type="checkbox"/> SINGLE-SIDED	
	<input type="checkbox"/> 8 1/2 x 14	<input type="checkbox"/> NO COLLATE	<input type="checkbox"/> TAB DIVIDERS
	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> COLLATE ONLY	<input type="checkbox"/> FOAM CORE MOUNTING
	<input type="checkbox"/> 12 x 18 color only	<input type="checkbox"/> COLLATE & STAPLE	<input type="checkbox"/> PAD WITH CHIPBOARD
COPIES	SIZE	<input type="checkbox"/> COLLATE & TAPE BIND	<input type="checkbox"/> COMB BIND
	<input type="checkbox"/> 8 1/2 x 11	<input type="checkbox"/> COLLATE, FOLD & STAPLE	<input type="checkbox"/> PERFECT BIND
	<input type="checkbox"/> 8 1/2 x 14	<input type="checkbox"/> 3-HOLE	<input type="checkbox"/> WIRE-O BIND
	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> SHRINK WRAP	<input type="checkbox"/> SCORE
	<input type="checkbox"/> 12 x 18 color only	<input type="checkbox"/> LAMINATE	<input type="checkbox"/> PERFORATE
		<input type="checkbox"/> CUT: _____	<input type="checkbox"/> SLIP SHEET
		<input type="checkbox"/> FOLD: _____	
		<input type="checkbox"/> NUMBERING: FROM _____ TO _____	

Number of pages to be copied. If you have one (1) sheet of paper with text on both sides, it is considered two (2) originals.

Refer to paper samples.

BODY PAPER	
COLOR:	
TYPE:	
COVER PAPER	
COLOR:	<input type="checkbox"/> FRONT AND BACK
TYPE:	<input type="checkbox"/> FRONT ONLY

WILL THIS MATERIAL CIRCULATE OFF CAMPUS OR HAVE WIDE DISTRIBUTION ON CAMPUS? NO YES

Publications Editor Authorization _____

SPECIAL SERVICES

<input type="checkbox"/> FULL COLOR COPIES
<input type="checkbox"/> BUSINESS CARDS <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> OTHER _____
<input type="checkbox"/> ON-CAMPUS DISTRIBUTION LIST: (CIRCLE) F H J K L P
<input type="checkbox"/> MAIL PROCESSING (STATE: BAG CODE; FND/AS ACCOUNT NO.)
POSTAGE CHARGES BILLED TO: _____
<input type="checkbox"/> TAB # _____ <input type="checkbox"/> INSERT # _____ PIECES PER ENVELOPE

SERVICE CENTER USE ONLY

2	UNIT CODE	WORK ORDER NO.	OPR _____
			QC _____
			OPR _____
			QC _____
			OPR _____
			QC _____
	COST	CREDIT	
	DATE	TIME	
TYPESETTING	_____	_____	
MAIL PROC	_____	_____	
COPY CENTER	_____	_____	
STUDENT LABOR	_____	_____	

JOB ESTIMATE NUMBER: _____

SPECIAL INSTRUCTIONS