

Job Name/Description: _____

DATE Date Submitted _____
Date Due _____ Time Due _____
** Please allow 3 business days.*

RUSH Checking here indicates that you have permission from your Admin/Department Head to process this request as a "Rush" order needed within 24 hours.

ACCOUNT INFO Name _____ Department _____
Account # _____ Project ID _____
(Required) Email _____ Phone _____

B&W Prints Color Prints Number of copies _____ x Number of originals _____

| | | | | |
|----------------------|--|---|--|---|
| ORDER DETAILS | Paper Size: <input type="checkbox"/> 8.5x11 <input type="checkbox"/> 8.5x14 <input type="checkbox"/> 11x17 <input type="checkbox"/> 12x18 <input type="checkbox"/> Other _____ | Duplex: <input type="checkbox"/> Single-Sided <input type="checkbox"/> Double-Sided <input type="checkbox"/> As-is (Mixed) | Paper Type: <input type="checkbox"/> 20lb Bond (Standard) <input type="checkbox"/> Cardstock | Special Instructions: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Production Notes: <i>(Internal use only)</i> _____ _____ _____ _____ _____ Order total: _____ |
| | Paper Color <i>(White used unless otherwise indicated)</i> Basic Colors <input type="checkbox"/> Pink <input type="checkbox"/> Lilac <input type="checkbox"/> Yellow <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Tan <input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Salmon <input type="checkbox"/> Ivory <input type="checkbox"/> Goldenrod | Orientation: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal | Neon/Bright Colors <input type="checkbox"/> Neon Green <input type="checkbox"/> Daffodil <input type="checkbox"/> Neon Yellow <input type="checkbox"/> Red <input type="checkbox"/> Neon Pink <input type="checkbox"/> Teal <input type="checkbox"/> Neon Purple <input type="checkbox"/> Neon Orange <input type="checkbox"/> Neon Blue <input type="checkbox"/> Dark Green | |
| | Binding <input type="checkbox"/> Coil <input type="checkbox"/> Comb <input type="checkbox"/> Tape <input type="checkbox"/> Staple <input type="checkbox"/> Saddle Stitch | Finishing <input type="checkbox"/> 3-Hole Punch <input type="checkbox"/> Trim/Cut <input type="checkbox"/> Padding <input type="checkbox"/> Laminate <input type="checkbox"/> Other _____ | Folding <input type="checkbox"/> Half-Fold <input type="checkbox"/> Tri-fold <input type="checkbox"/> Other _____ | |

DELIVERY Deliver to: _____ Pickup
Building _____ Room # _____
Received by *(signature)*: _____ Date: _____ Delivered by: _____

A minimum of 24 hours is required for any work submitted. For specific times, please contact staff. A valid account number and proper authorization is required of all work submitted. When submitting a print request, the department will assume that proper authorization to utilize our services has been granted. The requester assumes responsibility for any charges due where permission has not been given.

BY SUBMITTING THIS FORM YOU AGREE TO THE TERMS OUTLINED BELOW: It is the customer's responsibility to ensure the purpose of the copyrighted work they are requesting or submitting is not in excess of "fair use with proper permission". We reserve the right to refuse a print request if, in our judgement, fulfillment would involve any violation of copyright law. In such circumstances, an authorizing official's permission will be required before proceeding with the print request.