IPFW Printing Request

Name: _____

Dept.: _____

Account Number: Athletics - 070-7831-0000

Where can we reach you? EXT. _____

Date Submitted _____ **Date Needed** _____
(No ASAP (Please) ☐ am. ☐ p.m.

☐ Deliver to: Bldg. Room # _____

☐ Retain for Automated Bulk Mail

☐ Send to Mailroom for Campus Distribution to:

_____

☐ Will Pick Up — Call When Ready

☐ Will Pick Up — Date: _____ Time: _____

For Paper Order Only

Quantity	Description

Special Instructions:

JOB DESCRIPTION

#of originals ☐ one side

# of finished copies ☐ two sides

Paper Size
☐ 8.5x11 ☐ 8.5 x 14 ☐ 11x17 ☐ Envelope

Transparency:
Paper Color: ☐ White ☐ Other: _____

Paper Type: ☐ 20# ☐ Other: _____

Books: ☐ front cover ☐ back cover
Paper: _____

Ink Color(s): ☐ Black Other _____

☐ **Collate:** ☐ staple ☐ 2 staples ☐ saddlestitch

☐ **Binding:** ☐ spiral ☐ laminate ☐ shrink wrap
☐ coil ☐ thermal adhesive

☐ **Drill:** ☐ standard 3 hole ☐ other

☐ **Cut:** ☐ size _____ ☐ perforate

☐ **Pad:** ☐ top ☐ side ☐ #sheets/pad _____

☐ **Fold:** ☐ letter ☐ accord ☐ double parallel
☐ head in ☐ head out
☐ half 1x ☐ half 2x

Mailing: ☐ tab ☐ label ☐ inserting

Printing Services Use Only

Date	Negs	PS	Pubs	Duplicate	Paper	Drill	Pad	Cut	Fold
Ink	**Shrinkwrap**	**Bind**	**Table/Label**	**Inserting**	**Collate**	**Setup**	**Misc.**	**Tax**	**Job Total**