

# Print Services Work Order

## Requisition / Authorization Agreement

Do Not Write in Shaded Areas

For Information, please contact Dale Evans at 206-205-8542 or Keith Ueda at 206-205-8550 • Fax 206-205-8540 • GBB-ES-0100

Work Authorization Number <b>W</b>		<b>ARMS Requestor's Coding Block &gt;&gt;&gt; Charge numbers are required before production may begin</b>				
Contact Person		Fund	ORG Unit	Task	Option	Project
Phone No.		Fax No.		<b>SERVICER'S Coding Block</b>		
Mail Stop		Dept. Name		Serv. ORG Descr.	ORG Unit	Account
Order Date		Due Date (No ASAP)		Print Shop/Copy Center	2937	<input type="checkbox"/> In House <b>34860</b> <input type="checkbox"/> Out Source <b>53998</b>
		<b>IBIS Requestor's Coding Block &gt;&gt;&gt; Charge numbers are required before production may begin</b>				
		Fund	Cost Center	Project	Phase	Sub Project
						Grant
						Bond

### JOB SPECIFICATIONS

Job Title/Form No.	
<b>Total</b> Copies Wanted _____ No. of Originals _____ <input type="checkbox"/> Sent over Network Date _____ By _____ <input type="checkbox"/> Negs Supplied/Date _____ <input type="checkbox"/> Proof Copy Required	<b>Paper</b> Size <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other _____ Weight _____ <input type="checkbox"/> White <input type="checkbox"/> Color _____ Brand Name _____ Type <input type="checkbox"/> Bond <input type="checkbox"/> Text <input type="checkbox"/> Cover <input type="checkbox"/> Other _____ <input type="checkbox"/> Carbonless: # of parts _____ Color Sequence _____ <b>Ink</b> <input type="checkbox"/> Black <input type="checkbox"/> Color(s) _____ <b>Print</b> <input type="checkbox"/> Single side <input type="checkbox"/> Both sides – head to head <input type="checkbox"/> Both sides – head to toe (flip) <input type="checkbox"/> Tabs # of tabs per set _____ # of banks _____ # of tabs _____ <input type="checkbox"/> Cover – front/back Color _____ <input type="checkbox"/> Divider inserts Color _____ <input type="checkbox"/> See Special Instructions

### BINDERY

<input type="checkbox"/> Pad _____ Shts/pad <input type="checkbox"/> Pkg _____ Shts/pkg <input type="checkbox"/> Perforate <input type="checkbox"/> Score <input type="checkbox"/> Collate <input type="checkbox"/> Fold <input type="checkbox"/> Staple <input type="checkbox"/> Cut/Trim <input type="checkbox"/> Stitch	<input type="checkbox"/> Number – Starting with # _____ <input type="checkbox"/> Laminate <input type="checkbox"/> Drill – show no. & location <input type="checkbox"/> Tape Bind <input type="checkbox"/> Comb Binders <input type="checkbox"/> Other _____	<div>8 1/2" x 11"</div> <div>8 1/2" x 14"</div> <div>11" x 17"</div>	Done / Sent _____
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### DELIVERY ADDRESS

### SPECIAL INSTRUCTIONS

<input type="checkbox"/> Delivery Required – Address below	
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Requestor's Authorized Signature	Date
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<b>Notice: By signing this form and providing us with your budget coding, you are authorizing us to pay bills generated by this project.</b>	<b>Project Estimate</b> \$ _____	<b>Note: Estimates are approximations, print shop reserves the right to revise estimates due to changing material costs, changing scope of projects, customer alterations, etc.</b>
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### PRODUCTION COSTS - PRINTSHOP USE ONLY

	No. of Originals	No. of Copies	Charge per Copy (single sided)	Charge per Copy (double sided)	Sub-Total
Negatives @ _____ = _____					
Plates @ _____ = _____					
Ink @ _____ = _____					
Stock @ _____ = _____					
Impressions @ _____ = _____					
Other @ _____ = _____					
Camera @ _____ = _____					
Production @ _____ = _____					
Bindery @ _____ = _____					
Prepress @ _____ = _____					
Other @ _____ = _____					
Outsource @ _____ = _____					
Sub-Total					
Sub-Total					
Actual Cost					
Total					