

Printing Requisition Form

PRINTING SERVICES

Rm 163A Central Square, 4700 Keele St., Toronto, ON M3J 1P3
 Tel 416 736 2100 ext 55527 Fax 416 736 5464
 Alt 416 736 2100 ext 33666
www.yorku.ca/printingservices printing@yorku.ca

Job No.:

Your Ref No.: _____

Date Submitted: _____
mm/dd/yyyy

Date Required: _____
mm/dd/yyyy

Please fill out as completely as possible. Our staff is available to make suggestions on paper, printing and binding options. See reverse of form.

CLIENT ID	Contact Name _____ Faculty/Dept _____ Rm/Bldg _____ Ext _____ Email _____ Alternate Contact _____ Ext _____ Email _____		Billing Officer _____ Ext and/or Email _____ Authorized Signature (if required) _____											
	ACCOUNT	Billing <input type="checkbox"/> Cash Sale <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account <input type="checkbox"/> Budget No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fund Cost Centre <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Activity Time Location	Delivery <input type="checkbox"/> Pick up <input type="checkbox"/> Deliver Rm/Bldg _____											
	ARTWORK	Preparation <input type="checkbox"/> PC <input type="checkbox"/> Mac _____ Program & Version Media (CD, Floppy, FTP, etc.) File Name(s) _____ Repeat: <input type="checkbox"/> No Change <input type="checkbox"/> Change (Describe) <input type="checkbox"/> Design/Typesetting Required (Describe)	Proof <input type="checkbox"/> Provide Proof <input type="checkbox"/> BW <input type="checkbox"/> Colour <input type="checkbox"/> Other _____ Describe Job _____ _____ _____											
DESCRIPTION OF PRINTING	Job Name _____ <table border="0"> <tr> <td><input type="text"/></td> <td>x</td> <td><input type="text"/></td> <td>=</td> <td><input type="text"/></td> <td>Size (ie. 8½x11, 8½x14, etc.)</td> </tr> <tr> <td>No. Originals</td> <td></td> <td>No. Copies</td> <td></td> <td>Total Copies</td> <td></td> </tr> </table> Copy <input type="checkbox"/> 1 Sided <input type="checkbox"/> 2 Sided		<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	Size (ie. 8½x11, 8½x14, etc.)	No. Originals		No. Copies		Total Copies	
<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>	Size (ie. 8½x11, 8½x14, etc.)									
No. Originals		No. Copies		Total Copies										
PAPER	Inside Stock Stock Name _____ Weight _____ Colour _____ Finish Size _____	Cover stock Stock Name _____ Weight _____ Colour _____ Finish Size _____	Inserts <input type="checkbox"/> Tabs _____ <input type="checkbox"/> Slip Sheets _____ <input type="checkbox"/> Supplied Items _____											
INK COLOUR	Inside text <input type="checkbox"/> BW <input type="checkbox"/> Colour _____	Cover <input type="checkbox"/> BW <input type="checkbox"/> Colour _____	Ink Comments											
BINDERY	Finish Options (Please provide sample, if available) <input type="checkbox"/> Stapling _____ <input type="checkbox"/> Folding _____ <input type="checkbox"/> Collating _____ <input type="checkbox"/> Booklet _____ <input type="checkbox"/> Numbering _____ <input type="checkbox"/> Other (See Comments)		Bindery Comments											
PRINTING SERVICES COMMENTS	Instructions for Printing Services' Use _____ _____ _____		PRICE Subtotal \$ _____ GST \$ _____ PST \$ _____ TOTAL \$ _____											

If emailing this form, please attach all required files (ie. images & fonts). An acknowledgement of request will be sent to you before the order is processed.