



Person to Contact _____ Phone _____ Fax _____

Department _____ Bldg. _____ Rm.No. _____ LUMC LSC WTC

Project Title _____

(Please include sample, job will not be processed without one)

Printing Services MUST have the following information BEFORE processing your order:

Account No. _____	Dept. Approval _____
Date Ordered _____	Date Due _____
Previous Date Ordered _____	Previous Invoice No. _____

Copying: B & W Copying: Color Printing Plate # _____

No. of Pages _____ Stock/Text _____

Quantity _____ Color/Weight _____

Single Sided Slip Sheet Color _____

Double Sided No. of Tabs _____

Both NCR _____ Part 2 3 4 5 6

NCR Colors _____

INK COLORS

Black

PMS 208 Loyola Maroon

PMS 137 Loyola Gold

Cool Grey 11

Other _____

TYPESETTING

Supplied
 Required
 Proof Needed

DESIGN

Supplied
 Required
 Proof Needed

FINISHING

Collating
 Drilling (2,3,5 holes)
 Folding (Attach Sample)
 Cutting
 Gluing

Stapling # _____ Loc. _____
 GBC Binding
 Tape Binding
 Rubber Band
 Padding Sht/Pad

Special Instructions:

Routing: Printing Services is NOT responsible for jobs AFTER they leave the premises.

Pickup Delivery Date Shipped _____

LAKE SHORE CAMPUS
Centennial Forum, LL-42N
Phone: 8-2042
Fax: 8-7744

WATER TOWER CAMPUS
837 N. State Street
Phone: 5-6129
Fax: 5-6447