

# PRINTING SERVICES

**PRINT SHOP USE ONLY**

**THE UNIVERSITY OF TEXAS  
HEALTH SCIENCE CENTER – HOUSTON  
1851 CROSS POINT, SUITE 1.110  
HOUSTON, TX 77054  
713.500.4888 FAX: 713.500.4890**

Send this form to Treasury Services – Unit 197 for processing.

**Failure To Complete Form and Attach a Sample will DELAY Your Order.**

- EXACT REPRINT (attach sample)
  - NEW ORDER
  - RE-ORDER W/CHANGES (attach sample)
- PREVIOUS NO. \_\_\_\_\_  
QUOTE NO. \_\_\_\_\_

Printing Service No. \_\_\_\_\_

DOCID \_\_\_\_\_

CO/CENTER TO BE CHARGED \_\_\_\_\_

Approved-Department Head \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_ BOX NO \_\_\_\_\_

TITLE OF JOB \_\_\_\_\_ SUBMITTED BY \_\_\_\_\_

NO. OF PAGES TO BE REPRODUCED \_\_\_\_\_ QUANTITY \_\_\_\_\_

DELIVER JOB TO ROOM \_\_\_\_\_ BUILDING \_\_\_\_\_ ATTENTION \_\_\_\_\_

FILE WORK	PRINTING	BINDERY INSTRUCTIONS
<input type="checkbox"/> Art by Printing Services <input type="checkbox"/> Disk (CD/DVD) Furnished <input type="checkbox"/> MAC <input type="checkbox"/> PC <input type="checkbox"/> File Intervention Needed <input type="checkbox"/> Files Sent Electronically To: _____  <b>PROOF REQUIRED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Flat Size _____ Finished Size _____ <input type="checkbox"/> Paper Furnished To Be Printed <input type="checkbox"/> 1 Side <input type="checkbox"/> 2 Sides  <input type="checkbox"/> <b>Heat Resistant Ink (for laser printers)</b>  <b>Text</b> Color of Stock _____ Stock _____  Ink _____  <b>Cover</b> Color of Stock _____ Stock _____  Ink _____	<input type="checkbox"/> Fold <input type="checkbox"/> Score <input type="checkbox"/> Die Cut <input type="checkbox"/> Perforate _____ <input type="checkbox"/> Collate <input type="checkbox"/> Collate/Staple <input type="checkbox"/> Drill _____ Holes _____ Side <input type="checkbox"/> Pad _____ to a Pad <input type="checkbox"/> Bind (Color _____) <input type="checkbox"/> GBC <input type="checkbox"/> Saddlestitch <input type="checkbox"/> Plastic Coil <input type="checkbox"/> Perfect Bind <input type="checkbox"/> Double Loop Wire <input type="checkbox"/> Numbering _____ to _____ <input type="checkbox"/> Wrap pkgs @ _____ <input type="checkbox"/> Other _____
<b>MAILING</b>		<b>SAMPLES</b>
<input type="checkbox"/> Inserting _____ pieces  <b>Labeling</b> <input type="checkbox"/> Wafer Seal <input type="checkbox"/> Pressure Sensitive <input type="checkbox"/> Ink Jet (list must be furnished on Disk (CD/DVD) or Emailed)  <b>Delivery</b> <input type="checkbox"/> Customer <input type="checkbox"/> Mailroom <input type="checkbox"/> US Post Office		_____ samples to _____ _____ Disk/Art to _____ _____ _____

**SPECIAL INSTRUCTIONS**

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Date Completed \_\_\_\_\_ Completed by \_\_\_\_\_

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_