

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**

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. _____
PSF NO. _____
QUOTE NO. _____

Printing Service No. _____

DOCID _____

ACCOUNT TO BE CHARGED _____

Approved-Department Head _____ DATE SUBMITTED _____

DEPARTMENT _____ PHONE _____ FAX _____

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: _____	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"/> Heat Resistant Ink (for laser printers) Text Color of Stock _____ Stock _____ _____ Ink _____ _____ Cover 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 _____
<p style="text-align: center;">MAILING</p> <input type="checkbox"/> Inserting _____ pieces Labeling <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) Delivery <input type="checkbox"/> Customer <input type="checkbox"/> Mailroom <input type="checkbox"/> US Post Office		<p style="text-align: center;">SAMPLES</p> _____ samples to _____ _____ _____ Disk/Art to _____ _____ _____

SPECIAL INSTRUCTIONS

Date Completed _____ Completed by _____

Date Received _____ Received by _____

TOTAL \$ _____