

Printing Request Form

FOR PRINTING SERVICES USE ONLY

Date Submitted _____	Date Required _____
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1. DESCRIPTION OF ITEM REQUESTED: (attach sample) _____

2. PRINTING INSTRUCTIONS:

Number of copies: _____
 Number of pages: _____
 Color of paper (cover): _____
 Color of paper (inside text): _____
 Color of ink (cover): _____
 Color of ink (inside text): _____
 Completed/Finished Size: _____ x _____

Print 1/side Perforate
 Print 2/sides Score
 Collate Coil Binding
 Staple Comb Bind
 3/hole Punch Sure Bind
 Saddle Stitch Pad _____ per pad
 Fold to size _____x_____ (Print to Inside Outside)

3. DISTRIBUTION INSTRUCTIONS:

Distribution List
 Columbia Campus All Campuses

4. DEPARTMENT INFORMATION (REQUIRED):

Department Name _____	
Building Name _____	Room _____
Contact Person _____	
Phone _____	Fax _____
Email _____	

Pick-up @ Hampton Deliver to Department
 Pick-up @ Russell House Mail (send mail request form)

Approver's Name (Print) _____
Approver's Signature _____
Additional Information

5. FILE INFORMATION (If Applicable):

Reprint - no corrections, previous job # _____
Attach sample No changes With changes

Use provided printout (no digital file available)
 Thumb Drive (Please label so it can be returned)
 FTP Folder _____
 Emailed (Email to only one location.)
 Hampton Street (artwork@printing.sc.edu)
 Russell House (psrh@sc.edu)
 Person sending Email _____
 Email subject _____
 (Please provide job description in the subject line of email.)

Proof at Printing Services
 Proof E-mailed with Proof Sheet
 No Proof Requested
 Email Address _____

Please **provide all Art or Links and Fonts.**
Laser printout of file should be provided.
If available, please provide a printed sample of previous edition of job.

6. ACCOUNT INFORMATION (REQUIRED):

PeopleSoft

Operating Unit _____	PC Bus Unit _____
Dept _____	Project _____
Fund _____	Activity _____
Class _____	If estimated, attach documentation.

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Estimator _____	Estimated Cost (<input type="checkbox"/> see attached)
Account 52051	