



Publication Services Request

Dept. Charge Code Number:

□□□□□□.□□

(If no sub. account - use .00)

(Note: All work requested will be charged to this number.)

Approved: _____

(signature of Vice President, Dean, or Department Chair)

Date Submitted: _____

Customer Information:

Requested by _____

Department _____

Room _____ Building _____

Phone Number _____

Deliver To _____

(If other than address given above)

Complete this form and send it to: **Publication Services, 2121 Fenton Hall** (Questions? Call 3330)

Title/Description of Publication:

(Attach sketch or sample of previous edition, if possible)

- Poster
- Single Sheet
- Flier
- Book
- Postcard
- NCR with _____ parts
- Pad with _____ sheets
- Other _____

Date You Need It: ____ / ____ / ____

How Many Copies? _____

PLEASE NOTE:
 Most publications take a minimum of **SIX** weeks to produce, from the date an approved request form is received.
PLAN AHEAD.

Specifics: Paper color _____ 2nd choice _____

Ink color (s) _____ 2nd choice _____

(2nd Ink Color - if required) _____

Size: _____ " x _____ " Folding req'd: Yes No

Special Work _____

Work Requested:

- Design
- Page Layout
- Printing on off campus
- Bindery
- Other _____

—DO NOT WRITE IN THIS SPACE—

Job No. _____

Date Required: _____

Date Received _____

Proof/Edit Ok _____

Level No. 1 2 3 4