

Repro Graphics Job Number

ID NUMBER	COA	ACCOUNT NUMBER	SUB ACCOUNT		SUB OBJECT	PROJECT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 0 5 5	<input type="text"/>	<input type="text"/>

(Please provide a sample or dummy with each order)  **Sample**  **Dummy**

Please print clearly Date \_\_\_\_\_

Department Name \_\_\_\_\_ Phone # \_\_\_\_\_

Title of Project \_\_\_\_\_

Department Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Email \_\_\_\_\_ Fax # \_\_\_\_\_

<input type="checkbox"/> Camera Ready <input type="checkbox"/> D# _____ <input type="checkbox"/> Digital Output <input type="checkbox"/> CD/DVD provided	<input type="checkbox"/> reproftp Folder name: _____ File name: _____ Program: _____ Version: _____	<input type="checkbox"/> Design Services <input type="checkbox"/> New <input type="checkbox"/> Revision _____ _____	<b>Quality of Work Required</b> <input type="checkbox"/> Offset <input type="checkbox"/> Color Copy <input type="checkbox"/> Quick Copy
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**No. of Originals** \_\_\_\_\_ **No. of Copies** \_\_\_\_\_ **Print:**  1 side  2 side

**Cover Paper Description** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Color** \_\_\_\_\_

**Ink Color 1st:** PMS \_\_\_\_\_ 1/side 2/sides **2nd:** PMS \_\_\_\_\_ 1/side 2/sides **3rd:** PMS \_\_\_\_\_ 1/side 2/sides

**Text Paper Description** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Color** \_\_\_\_\_

**Ink Color 1st:** PMS \_\_\_\_\_ 1/side 2/sides **2nd:** PMS \_\_\_\_\_ 1/side 2/sides **3rd:** PMS \_\_\_\_\_ 1/side 2/sides

**Finished Size Open** \_\_\_\_\_ **x** \_\_\_\_\_ **Finished Size if Folded** \_\_\_\_\_ **x** \_\_\_\_\_

**Finished Size Open** \_\_\_\_\_ **x** \_\_\_\_\_ **Finished Size if Folded** \_\_\_\_\_ **x** \_\_\_\_\_

**Card Size** \_\_\_\_\_ **x** \_\_\_\_\_ **Envelope Size** \_\_\_\_\_ **x** \_\_\_\_\_

**Kind of Fold**  3-Letter  Half Fold  Accordion  Double Parallel  Signature  Other \_\_\_\_\_

**Perforate** (indicate where) \_\_\_\_\_  **Score** (indicate where) \_\_\_\_\_

**Drill** (Standard 1/4" Hole)  5 at Left  3 at Left  2 at Left  2 at Top  Other \_\_\_\_\_

**Collate** \_\_\_\_\_

**Staple**  1 Top Left Corner  2 at Left Side  Saddle  Other \_\_\_\_\_

**Binding**  Black Tape  19-Hole Plastic  Velo  Plastic Coil  Perfect Bind

**Padding**  NCR-Zipco  Padding Edge \_\_\_\_\_ Sheets/Set \_\_\_\_\_ Total Sets \_\_\_\_\_

Glue  Padding Edge \_\_\_\_\_ Sheets/Set \_\_\_\_\_ Sets/Pad \_\_\_\_\_ Total Pads \_\_\_\_\_

**Numbering** From No. \_\_\_\_\_ to No. \_\_\_\_\_ (indicate where) \_\_\_\_\_ Ink Color  Black  Red

**Lamination**  5ml  Other \_\_\_\_\_  Flush  1/8" Sealed Edge

**Large Format Duplication**

Number of Originals \_\_\_\_\_ Number of Copies \_\_\_\_\_ Size of Original \_\_\_\_\_ Finished size \_\_\_\_\_

\_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  Color  B&W


\_\_\_\_\_  
Authorized Signature      Print Name      Date  
**REPRO GRAPHICS WILL MANUFACTURE YOUR PROJECT ACCORDING TO SPECIFICATIONS PROVIDED**

**DEADLINE**

Per Schedule  
 Date Required \_\_\_\_\_  
 **Absolute Deadline** \_\_\_\_\_


**CHAIN OF CUSTODY CERTIFICATION OPTIONS:**


Please select one

 **FSC**

For more information on chain of custody certifications, call (530) 752-COPY.

**RECYCLED LOGO (if applicable):**





**SPECIAL INSTRUCTIONS:**

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**OFFICE USE ONLY**

Received By:  Mail  Counter

Est.# \_\_\_\_\_ Cost \$ \_\_\_\_\_

(PLEASE TYPE OR PRINT CLEARLY)

**NAME:** \_\_\_\_\_  CALL/PICKUP

**DEPT:** \_\_\_\_\_  COURIER

**BLDG:** \_\_\_\_\_  UCDCM MAIL

**ROOM:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_