CALIFORNIA STATE UNIVERSITY, STANISLAUS

REPROGRAPHICS

801 W. MONTE VISTA AVENUE • MSR BLDG. STE.020
TURLOCK, CALIFORNIA 95382 • 209.667.3013

LETTERHEAD ENVELOPES

Job Number:
For office use only
Due Date/Time:

☐ Exact Reprint
☐ Reprint w/ changes
☐ New Job

1. OPTIONS

Quantity Desired: _____
Number of Origs: _____
Originals are:
☐ Single-Sided ☐ Double-Sided

Finished Product is:
☐ Black ☐ Single-Sided
☐ Full Color ☐ Double-Sided
☐ Black + "CSUS" RED

2. PAPER

ENVELOPES
☐ #10 ☐ #9
Other _____
☐ Window ☐ Regular

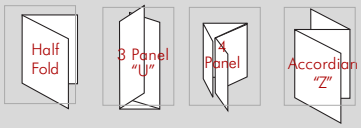
Paper Choice #1	Paper Choice #2
Select Paper Type	Select Paper Type
Color Choice #1	**Color Choice #2**
Select A Color	Select A Color

☐ 8.5 x 11 Paper Choice#1
☐ 8.5 x 14 Paper Choice#1
☐ 11 x 17 Paper Choice#1
☐ Other

3. FILES

☐ Electronic file provided ☐ MAC ☐ PC
Program: _____ Version: _____
Source of file: _____
**Must supply hard copy original with all job requests*

4. FINISHING

FOLDING


☐ Score
☐ Perforate (indicate position on sample)
☐ Custom Fold _____

FINISHING CONT'D.

STAPLING
☐ Collated ☐ UnCollated

☐ Custom Staple Position: _____

PADDING
☐ Carbonless ☐ Notepads
_____ #of parts _____ #of pads
_____ sets _____ shts./pad

DRILLING
☐ 3 hole punched
☐ Other _____

TAPE BINDING (Fastback)
☐ Spiral Binding ☐ Clear Covers
Select A Color Color of tape bind
☐ Spine Printing (include sample w/ job)

MISC.
☐ Lamination _____ final laminated size
☐ Trim to finished size _____
☐ Numbering — *Start #* _____

Notes:

5. JOB INFORMATION

Job Title: _____
Additional Instructions: _____
Signature: _____
please sign here on printed form
(I have authority to approve this service request using state appropriated funds from the account of:)

_____ (Department) _____ (Account#)

Price cannot exceed $ _____ as per signature

Note: All Requests must have an Acct. # with authorized signature for job before submitting. Any prepress work or file preparation that exceeds 15 mins. will be charged at a minimum of $25 an hour. All Requests must have a hard copy original supplied with job.

DELIVERY
☐ Deliver to: ☐ Call
(Bldg. & Ste.#) ☐ Distribute:
_____
(Your Name) ☐ Faculty & Staff
_____ ☐ General Faculty
(Phone # or Ext.) ☐ Other
_____ Qty: _____
(Contact's Email)
_____

PRINT

RESET