CALIFORNIA STATE UNIVERSITY
Stanislaus
PRINT SHOP

Due Date/Time: _____

Quantity Desired: _____

Number of Origs: _____

Originals are:
☐ Single-Sided ☐ Double-Sided

Finished Product is:
☐ Black ☐ Color
☐ Large Format ☐ Single-Sided ☐ Double-Sided

☐ Exact Reprint
☐ Reprint w/ changes
☐ New Job

Uncoated Paper: Select Paper Type

Coated Paper: Select Paper Type

Binding: Select Bindery

Envelopes: Select Envelope Type

Folding: Select Folding

☐ Collated ☐ UnCollated
☐ Score ☐ Perforate (indicate on sample)
☐ Clear Covers ☐ Lamination

For special color requests contact the Print Shop

☐ Electronic file provided** ☐ MAC ☐ PC Program: _____ Version: _____

Source of file: _____

**Must supply hard copy original with all job requests*

***PDF is the preffered file.*

Poster Paper: Select Paper Type

Poster Size: _____

☐ Foam Board ☐ Grommets
Qty. _____

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:)

Chartstring:

Select Fund | _____ | _____ | _____

Fund | Dept. ID | Program Code (Optional) | SpeedChart

Note: All Requests must have a SpeedChart with authorized signature for job before submitting. All Requests must have a hard copy original supplied with job. All Off-campus solicitations for printing, binding, or other related services from private printers are subject to the CSU's competitive bidding requirements. (ICSUAM 5705.00)

DELIVERY

☐ Deliver to: _____ *(Bldg. & Ste.#)*

☐ Call _____ *(Your Name)*

_____ *(Phone # or Ext.)*

_____ *(Contact's Email)*

Notes:

PRINT

RESET