

# RADFORD UNIVERSITY PRINTING SERVICES REQUEST FOR OFFSET PRINTING

<b>JOB #</b>
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Date Received at P.S. \_\_\_\_\_ Requested Delivery Date \_\_\_\_\_

Department \_\_\_\_\_ P.O. Box \_\_\_\_\_

Account Fund \_\_\_\_\_ Org \_\_\_\_\_ Prog \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Approved by \_\_\_\_\_ Email \_\_\_\_\_

Deliver To (Name, Building / Room) \_\_\_\_\_

Job Description \_\_\_\_\_  
\_\_\_\_\_

No. of Copies \_\_\_\_\_ No. of Pages \_\_\_\_\_ 1 Side  2 Sides  Bleed  Sides \_\_\_\_\_

Page size \_\_\_\_\_ Flat size \_\_\_\_\_ Folded size \_\_\_\_\_ Blue Line

Paper \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Cover \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Ink Color(s) \_\_\_\_\_

Collate  Staple  Fold  Trim  Score  Perf  Tab  Pad

Special Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount \$** \_\_\_\_\_

<b>DELIVERY TICKET</b>	
Job received by _____	Date _____
Delivered by _____	Date _____