

**RADFORD UNIVERSITY
PRINTING SERVICES**

REQUEST FOR OFFSET PRINTING

When inquiring about this job refer to **JOB NO.** _____

Date Received _____ Requested Delivery Date _____

Requesting Department _____

P.O. Box _____ Phone No. _____ FAX No. _____

Deliver To (Name) _____ Building and Room _____

Charge to Account Number _____ Approved by _____

New Request Previous Request Revised Request RU Form No. _____

Job Description _____

Page size _____ Flat size _____ Folded size _____ No. of Pages _____ Cover _____

No. of Copies _____ 1 Side 2 Sides Bleed Sides _____

Paper _____ Weight _____ Color _____

Cover _____ Weight _____ Color _____

Ink Color _____ PMS No. _____ Blue Line _____

Collate Staple Plastic Bind Fold Pad Trim

Special Instructions _____

Alterations _____ Time _____ Materials _____

DELIVERY TICKET

Job received by _____ Date _____

Delivered by _____ Date _____

Amount \$ _____