WORK ORDER—PRINTING

INVOICE NO. _____

Date: _____

PLEASE TYPE/PRINT ALL INFORMATION.

Department of Printing use only:
☐ HP ☐ Canon ☐ NXT ☐ Mailing

ORDERING DEPARTMENT	PHONE EXT.	DATE NEEDED Please do not enter "ASAP"	NO. OF PAGES	QUANTITY

WORKDAY COST CENTER	WORKDAY ACCOUNT ID	GRANT ID	AMOUNT
	64010		$
	64010		

	SALES TAX	
	TOTAL	

DESCRIPTION

ARTWORK PROVIDED BY
☐ Reprint (Please attach or scan a sample)
☐ Changes to previous job
☐ Customer provided file
Format of file:
_____
☐ E-mail to:
_____
☐ USB to: _____
☐ Typeset attached copy

COLOR OF PAPER
☐ White   ☐ Gray
☐ Blue   ☐ Green
☐ Buff   ☐ Ivory
☐ Canary   ☐ Orchid
☐ Cherry   ☐ Pink
☐ Goldenrod ☐ Salmon
☐ Security paper
(non counterfeit)
☐ Other:

PAPER STOCK
☐ Bond/Offset
☐ 28 lb. Color copy
☐ 80 lb. Letterhead
☐ House gloss text
☐ 110 lb. Index
☐ 80 lb. Cover
☐ 100 lb. Cover
☐ Crack-N-Peel
☐ NCR
☐ Other:

FINISHED SIZE
☐ 2 x 3 ½
☐ 4 ¼ x 5 ½
☐ 4 ½ x 6 ¼
☐ 5 x 7
☐ 5 ½ x 8 ½
☐ 8 ½ x 11
☐ 8 ½ x 14
☐ 9 x 12
☐ 11 x 17
☐ Other:

ENVELOPE SIZE
☐ #10 Regular   ☐ A2
☐ #10 Window   ☐ A6
☐ #9 Regular   ☐ A7
☐ #9 Window   ☐ Catalog
☐ #6 ¾ Regular   ☐ Clasp
☐ #6 ¾ Window
☐ Other:

INK COLOR
☐ Black
☐ Black & UMMC blue
☐ Color copies
☐ 4 color process
☐ Other:

DRILL
☐ No holes   ☐ 3 holes
☐ 1 hole   ☐ 4 holes
☐ 2 holes   ☐ 5 holes
☐ Other:

BINDING
☐ EZ coil
Coil size: _____
☐ Perfect
Paper for cover:
_____
Front cover:
☐ Printed
☐ Unprinted
Back cover:
☐ Printed
☐ Unprinted
☐ Tabs no: _____
☐ Printed
☐ Unprinted

FOLD
☐ Single
☐ 3 fold (letter fold)
☐ 4 fold
☐ Other:

PAD
☐ Top
☐ Side
☐ With chipboard
☐ Without chipboard
No. of sheets per pad:
_____
No. of pads:
_____

ASSEMBLE
☐ Without staples
☐ With staples
  ☐ 1 staple in corner
  ☐ 2 staples on side
  ☐ Saddle stitch
No. of sheets per set:
_____

OTHER
☐ Cut
☐ Inserts printed
☐ Inserts blank
Stock:
_____
☐ Laminated
  ☐ Pouch
  ☐ Sheet
☐ Mounted
☐ Perforated

☐ Print both sides
☐ Scored
☐ UV Coating
  ☐ Gloss
  ☐ Semigloss
  ☐ Dull
☐ Wrapped
Qty. wrapped in pkg:
_____
No. of packages: _____

MAILING
☐ **Mailing**
  ☐ Mailing list e-mailed to: _____ Date: _____
  Number of parts included in mailing: _____

VARIABLE DATA
☐ Variable data in mailing   E-mailed to: _____
☐ Numbered   Starting no: _____
☐ Other: _____

ACKNOWLEDGEMENT OF RECEIPT
Signature below acknowledges receipt of items in my presence in the quantity as indicated above.

_____   _____
Name (please print)   Date

_____
Signature

CONTACT INFORMATION
Any additional work required for printing will be charged at the standard rate. After three proof notifications, the order will be billed for the design fee. We reserve the right to change quantity to eliminate waste. We cannot be responsible for customer-provided items. If custom stock is required, the Ordering Department accepts responsibility for payment. In the event that the order is incorrect, you have 30 days to request a reprint. Payment method: check/cash or departmental account. For departmental accounts the Workday Cost Center is required. If using a grant, the Workday Cost Center and the Grant ID are required. The grantholder must approve the Work Order—Printing form before submitting the order. **Orders should be submitted to printingorders@umc.edu.**

Person authorized to sign on account (Name on signature card in Accounting):

Name: _____

E-mail: _____   Phone: _____

E-mail proof to: _____

Person to call when printing is ready:

Name: _____   Phone: _____

☐ Deliver to room no: _____   Building: _____

Credit department approved by:

Printing—CC10111— _____

Charge department approved by:

_____   Date: _____