



TO BE COMPLETED BY REQUESTING OFFICE

PHONE: 718-935-3225

FAX: 718-935-5171

JOB DESCRIPTION		TODAY'S DATE	REQUESTED DUE DATE
I certify that funds have been set aside in the budget code indicated below for the service requested in the amount indicated (Total Production Charge) and authorize the Division of Financial Operations to debit my budget.		DIVISION/OFFICE/BUREAU NAME	
		CONTACT PERSON	
SIGNATURE _____ DATE _____		TELEPHONE NUMBER OF CONTACT PERSON	
DEBIT TO REQUESTING OFFICE:		BUILDING NUMBER & STREET (Completed work delivered to this location)	
DISTRICT	QUICK CODE	OBJECT	LOCATION CODE
<input type="text"/>	<input type="text"/>	101	<input type="text"/>
		ACTIVITY CODE	
		<input type="text"/>	
FLOOR & ROOM NUMBER			

PRINTING REQUEST

Addressing/Labeling Services Required

PRINTING	NUMBER OF ORIGINALS	x	NUMBER OF COPIES OF EACH	=	TOTAL REQUESTED
<input type="radio"/> Black & White (\$0.03/Copy) <input type="radio"/> Full Color (\$0.20/Copy)					
<input type="radio"/> One Sided <input type="radio"/> Two Sided	TYPE OF PAPER STOCK				COLOR OF PAPER
<input type="checkbox"/> Portrait <input type="checkbox"/> Landscape <input type="radio"/> Head to Head <input type="radio"/> Head to Foot	<input type="radio"/> 20 lb. (B/W) <input type="radio"/> 67 lb. Card <input type="radio"/> 24 lb Color XPressions Carbonless <input type="radio"/> 2 Part <input type="radio"/> 3 Part		<input type="radio"/> Transparency <input type="radio"/> Glossy Card Cover <input type="radio"/> Other _____		<input type="radio"/> White <input type="radio"/> Color (specify) _____
PAPER SIZE	FINISHING (discuss with printing supervisor)				
<input type="radio"/> 8½ x 11 <input type="radio"/> 8½ x 14 <input type="radio"/> Other _____	<input type="radio"/> Collate <input type="radio"/> 3 Hole Punch <input type="radio"/> Booklet (12 sheet maximum – for 48 page signature (set up booklet format in MS Publisher)				
ENVELOPES	<input type="radio"/> Fold <input type="radio"/> Cut <input type="radio"/> Bind <input type="radio"/> Staple (upper left corner) <input type="radio"/> Laminare (limited)				
<input type="radio"/> #10 <input type="radio"/> #10 Window <input type="radio"/> 9½ x 12½ Brown Kraft Flat Specify Return Address →	<input type="radio"/> Insert, Mail <input type="radio"/> Slip Sheet Between Sets				
<input type="radio"/> Proof Copy Requested Before Printing	Operator _____ Date Completed _____				
SPECIAL INSTRUCTIONS: Specify copy position, folding, punching, alternate delivery instructions , etc. (discuss with printing supervisor)					

PRODUCTION COST

TOTAL PRODUCTION CHARGE

\$ **00**

FOR PRINTING OPERATOR USE ONLY

- Docutech 6135
- WorkCentre Pro 55
- Xerox Docutech 6180
- WorkCentre Pro 45
- Nuvera 120
- Xerox 120
- Docucolor 6060
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OPERATOR	DATE COMPLETED	TOTAL IMPRESSIONS
FOR ENVELOPE/LABEL ADDRESSING OPERATOR USE ONLY		OPERATOR
DATE COMPLETED	ENVELOPE SIZE	QUANTITY
		<input type="radio"/> Return Address <input type="radio"/> Mailing Address

Delivered by _____ Originals and completed work received by _____ Date _____

Comments