

PRINTING SERVICES USE ONLY

Date Completed: _____

Please Use One Form for Each Item

REQUEST FOR PRINTING

Voice 482-6341 • Fax 262-1031 • printingservices@louisiana.edu

PRINTING SERVICES USE ONLY

Job No. _____

Date Received: _____

DEPARTMENT INFORMATION

A reasonable, specific date must be included with this request for printing. If you are unsure if your requested date is reasonable, please call to verify. Please do not use ASAP for date needed; your work will be scheduled after requests with specific dates.

Date Submitted _____ Date Needed _____

Person Requesting Job _____ Email _____ Phone No. _____

Department _____ Dept. Head Signature _____

NEEDED BEFORE WORK CAN BEGIN

HAS UL LAFAYETTE BRAND APPROVAL BEEN RECEIVED FROM COMMUNICATIONS & MARKETING: YES NO
THE APPROVAL MUST BE SUBMITTED WITH THE REQUEST FOR PRINTING.

FUNDING INFORMATION:

Fund _____ Org _____ Account _____ Program _____

Foundation Personal Check/Money Order

PLEASE SELECT ONE:

A. I am approving funding for this printing up to \$ _____

B. I need to see the estimate prior to approval. (Please sign to approve estimate.) _____

DEPARTMENT HEAD ESTIMATE APPROVAL _____ DATE _____

COPYRIGHTED MATERIAL

- I agree to indemnify, hold harmless and defend the University of Louisiana at Lafayette, its employees, agents and representatives, in any claim or lawsuit that may be made or filed, which arises from my request for duplication, or use of any copyright material, whether said copyright is actual or implied.
- I also agree to indemnify, hold harmless and defend the University of Louisiana at Lafayette, its employees, agents and representatives, from any claims or lawsuits that may arise as a result of my direction to the staff of Printing Services of the University of Louisiana at Lafayette.
- I understand and agree that if said materials contain copyrighted materials, I am solely responsible for obtaining written permission for same prior to duplication or use.

PRINTING SPECIFICATIONS

Description of Work: _____ Sheet Size: _____

Front and back are considered 2 originals.

No. of Originals _____ **Total Copies Needed** _____

Paper Weight _____ # Paper Color _____ Ink _____

Cover Weight _____ # Paper Color _____ Ink _____

Bindery Needed

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Collate | <input type="checkbox"/> Staple (1@Top Left) | <input type="checkbox"/> Perforate |
| <input type="checkbox"/> Laminate | <input type="checkbox"/> Staple (2@Left) | <input type="checkbox"/> Perfect Bind |
| <input type="checkbox"/> _____ Drill Hole(s) | <input type="checkbox"/> Saddle (2 in fold) | Spiral Binding |
| <input type="checkbox"/> Pad _____ sheets/pad | | <input type="checkbox"/> Coil _____ |
| <input type="checkbox"/> Cut _____ | | <input type="checkbox"/> Comb _____ |
| | | <input type="checkbox"/> Wire _____ |

Number: Start _____ End _____

Address and Mail finished pieces: Bulk First Class

Printing Preference

- Front Only Front & Back
 Photocopy Offset Printing
 Typeset/Design File submitted File sent (E-mail)

Changes in quantity or format after all approvals are acquired will necessitate additional charges and an extended completion date. Printing Services will begin work on this request ONLY after fund approval is received from the Comptroller's Office.

Fold Needed

- 1/2 1/3 1/4 Paper Tab
 Do Not Fold Special Fold, see example provided
 Score Page #1 Must Face: Out In

Deliver Completed Work To: Person _____ Bldg _____ Room _____

Send Proof By: Campus Mail To _____ Dept. _____

Fax Number _____ E-mail Address _____

Delivered By _____ Date _____ No. of Boxes _____

Received By (Print) _____

TO BE COMPLETED BY PRINTING SERVICES ONLY

Price: \$ _____ By _____ Date _____

Fund Approval (Comptroller) _____ Date _____