

## PRODUCTION Request Form

DATE SUBMITTED: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_

Requesting Department: \_\_\_\_\_

Department to be billed; \_\_\_\_\_

Contact (Approval) Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description: *(please circle one)* ad brochure flyer poster other \_\_\_\_\_

Finished Size: \_\_\_\_\_ Run Dates: \_\_\_\_\_

Quantity: \_\_\_\_\_

Channel 20

Ink Color(s) *(please circle one)* 4/C (CMYK) black & white RGB

Stock: \_\_\_\_\_

Photos furnished by \_\_\_\_\_ in what format? \_\_\_\_\_

Copy furnished by \_\_\_\_\_ in what format? \_\_\_\_\_

### FINISHING:

Bleed \_\_\_\_\_ Side(s)  Perforate: \_\_\_\_\_ H \_\_\_\_\_ V

Score: \_\_\_\_\_ H \_\_\_\_\_ V  Fold:      

Binding: \_\_\_\_\_

Mailing Services: \_\_\_\_\_

### NOTES: