



SAMPLE

UNIVERSITY PRINTING,
GRAPHICS & MAIL
SERVICES

2612 East Tenth Street, Harris Building | 252-737-1301 phone | 252-737-1327 fax

Job #: Cost Center: UP&G Rapid Copy

Due Date: Flexible RUSH NLT

File Code: DIS:

FOR ADMINISTRATIVE USE ONLY.

REQUEST FOR PRINTING, COPYING & MAILING SERVICES

Req. No. 78767

CUSTOMER INFORMATION (Required)

Department University Printing & Graphics For proofing, contact E. Mills Today's Date 1/25/24

Ph 737-1315 Fax 737- E-mail proofs to millse@ecu.edu or Deliver proofs to _____

Billing Acct # 6digits - 6 digits - 73481 - 0000 - optional

Authorized by Earlene Mills

Deliver completed order to Rm 116 Harris Blding or Phone for customer pick up

BASIC JOB INFORMATION (Required) ONLY ONE ITEM IS ALLOWED PER REQUISITION

Job Description Recognition Program

Copies 100 # Pages 8 Size 11x8 1/2 then folds to 5 1/2 x 8 1/2

Paper to be used cover Ink Color(s) BLACK

Finish _____ Color natural Weight _____

Add'l Paper to be used _____

Finish _____ Color _____ Weight _____

Date your completed order is needed:
2-10-24
NO ASAP, PLEASE

Date is flexible Date is critical

Please check ONE in each column.

New item Front only
 Exact Reprint Front/back
 Reprint w/changes Flap only

- Also check below as appropriate:**
- BINDERY / FINISHING SERVICES**
- FOLD: Trifold Z-fold Dbl. Parallel Roll Gate Other half
 - PERF _____ Location(s) _____
 - SCORE DIE CUTTING HAND PUNCH
 - COLLATE STAPLE: 1s 2s 3s
 - BIND: GBC Coil Tape Perfect
 - DRILL: _____ holes/ _____ size/ _____ position
 - NUMBER: begin# _____ / end# _____
 - PAD: _____ sheets/pad = _____ total pads NCR
 - CUT/TRIM to yield _____
 - LAMINATE: Trimmed Untrimmed Pouch
 - DOWNLOAD TO: RC/Black RC/Color
- LABELING / MAILING SERVICES**
- MAIL: Requested mail drop date _____
 - LABEL (direct impression): digital file(s) provided
 - POSTAL SOFT
 - TAB: White Clear Other _____
 - STUFF ENVELOPES _____ by Machine _____ by Hand
 - SEAL ENVELOPES _____ by Machine _____ by Hand
 - HAND MATCHING (multi items with names appearing on multiple pieces)
- QUALITY CONTROL TRACKING**
- Performed By: _____ Date Completed: _____
- Order Entry _____
 - Design & Imaging Svcs. _____
 - Pre-Press _____
 - Press Rapid Copy _____
 - Cut/Trim _____
 - Bindery/Finishing _____
 - Mailing Services _____
 - Delivery _____
 - Customer Called _____
 - Job Reconciliation _____

THIS BLOCK FOR INTERNAL OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

Detail of Services Required	Total Units	Unit Price	Amount				
This section is used by University Printing, Graphics and Mail Services ONLY. PLEASE DO NOT WRITE IN THIS SPACE.							
Printing/Copying Breakdown Specifics	Quantity Ordered	Final Sheet Count	Sides	Sheet Size (8.5 x 11, etc.)	Paper (Weight/Color/Finish)	Unit Price	Amount

Remarks/Special Instructions:
file name: RecogProg
emailed to upg@ecu.edu

Job Total: \$

COMPLETED ORDER Rcv'd by _____ Date _____ Partial Delivery Copies _____ Rcv'd by _____ Date _____