

University of Maine Printing Services

Order/Request for Estimate Form

207/581-3768 (Voice)

207/581-1321 (Fax)

printing_services@umit.maine.edu

www.umaine.edu/printingservices

Job # _____

M# _____

Office Use Only

Department _____ Date of order _____

Contact person _____ Phone _____

Contact e-mail _____ Fax _____

Billing address _____

Billing information _____

(Provide PeopleSoft Chart Fields for printing & paper; Fast Account or Account I.D. for mailing)

Request for Estimate New Job Order Reprint Job # _____ w/changes w/o changes

Dated Deadline _____ (specific dates receive priority over "ASAP")

Off-set Printing Print On Demand Photocopy (b&w) Digital Color Wide format
 Mailing Paper Order Other _____

Name of Job _____ Quantity _____

Size of piece (inches x inches) _____ Number of pages (front & back) _____

Paper _____ Ink(s) _____

Preparation (Please circle appropriate answer): Numbering? Yes / No (starting #) _____ Dynamic database? Yes / No

Electronic file sent to: _____ File/Folder Name: _____

Bleed (print or art that runs off the edge of sheet after trimming): Yes / No

Proofread for Content: Yes / No Proofread from Sample: Yes / No No Proofreading: Yes / No

Proof to customer: Call Fax E-mail (page proofs only)

Bindery (please check appropriate boxes):

Collate Cut (size?) _____ Fold (how?) _____ Pad (sheets/pad?) _____
 3-hole punch Staple? (70 sheet max.) Shrinkwrap Bind: Plastic comb, Coil, Wire, Velo, Perfect
 Band Other: _____

Delivery: Call to me pick up Deliver to Room/Suite # _____ Building _____

Special instructions:

Authorized signature: _____

