



Y.U. Production Services ORDER FORM

Client Information

DEPARTMENT _____ REQUESTED BY _____

LOCATION _____ ROOM _____ PHONE _____

Billing Information

GL # _____ OBJECT CODE **4** **2** **0**

AUTHORIZATION SIGNATURE _____ TODAY'S DATE _____ DATE NEEDED _____

Specifications

FILE NAME _____

PROJECT TITLE _____

NO. of ORIGINALS _____ NO. of COPIES _____

COPY OUTPUT: ONE SIDED TWO SIDED MIXED / AS IS

BLACK & WHITE COLOR BOTH _____

8.5 x 11 20# WHITE OTHER _____
size weight color

FRONT COVER _____
size weight color

BACK COVER _____
size weight color

Posters / Banners

FILE NAME _____

NO. of ORIGINALS _____ NO. of COPIES _____

18 x 24 GATOR BOARD

24 x 36 FRAME

32 x 40 GROMMETS

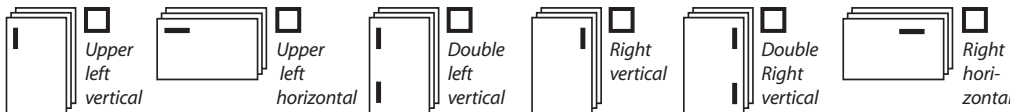
36 x 48 OTHER _____

OTHER _____

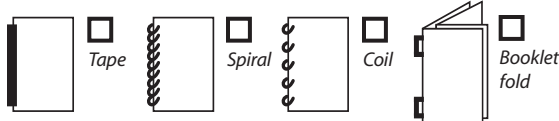
Finishing

COLLATE ONLY 3-HOLE PAPER TRIM TO _____ FOLD TO _____

COLLATE AND STAPLE:



BINDING:



Special Instructions

Delivery Instructions

CALL FOR PICK-UP Phone Number _____

DELIVER TO (if different from above) _____