



UC SAN DIEGO

PRINT & DOCUMENT SERVICES

STANDARD PRINT & COPY ORDER FORM

Center	Phone	Mail Code	Fax
CSC-A	4-3020/7050	0031	534-8120
Geisel	4-2534	0175	534-8811

Bill Copy to: _____
 Mail Code: _____ Authorized Signature _____

INDEX or RECHARGE NUMBER

SHIPPING

Customer Name: _____ Phone: () _____
 Department: _____ Fax: () _____
 Building/Room: _____
 DELIVER MAIL TRANSFER TO MAIL SERVICES
 Pick up at Imprints at Geisel Library Pick up at CSC-A

JOB NUMBER

PRICE \$

PROJECT NAME: _____
 Finished Qty: _____ (# of originals _____)
 Final Trim Size: _____ x _____
ABOUT YOUR FILES: Mac PC HARD COPY
 File Type: PDF Illustrator Photoshop Word InDesign
 QuarkXPress Other Application _____
 File Name & Date: _____
 Digital files sent to: printing@ucsd.edu YouSendIT Other Media

FOR OFFICE USE ONLY

FROM _____	TO _____
Date/Time SUBMITTED _____	Date/Time DUE _____

PRINT SERVICES

Black 1 or 2-color (PMS# _____) Full Color
 1-sided 2-sided

OTHER INFORMATION

Customer Email (required): _____

PAPER SELECTION

Text (Interior pages): _____ Weight _____ Color _____ N/A _____
 Cover Stock: _____ Weight _____ Color _____ N/A _____

FINISHING OPTIONS

Binding: Spiral Comb Tape Velo Perfect
 Staple

Other: Collate Interleave Slipsheet Shrink Wrap
 Lamination (waterproof edge or to trim)
 Hole Drill: Fold:

NCR MULTI-PART FORMS 2-part 3-part 4-part 5-part

PADDING OPTIONS # of shts per pad _____ w/cardboard backer

PROOF REQUIRED: ___ E-Proof ___ Reg Proof ___ Press Proof

FOR OFFICE USE ONLY:

Design Labor Hours _____ No. of Cuts _____
 Typesetting Labor Hours _____ Hand Labor Hrs _____
 File Setup/Prepress Hours (billable) _____ Production Make Ready _____
 Alterations Hours _____