

Date Completed: \_\_\_\_\_

Please Use One Requisition for Each Item

# PRINTING REQUISITION

Voice 482-6341 • Fax 262-1031 • PrintingServices@louisiana.edu

Job No. \_\_\_\_\_

Date Received: \_\_\_\_\_

## Department Information

*A reasonable, specific date must be included with this request for printing. Please do not use ASAP for date needed; your work will be scheduled after requests with specific dates.*

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Person Requesting Job: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Department: \_\_\_\_\_ Account No. to be Charged: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

DEPARTMENT HEAD SIGNATURE IS NEEDED BEFORE ANY WORK CAN BEGIN.

Please select one:

A. \_\_\_\_\_ I am approving funding for this printing up to \$ \_\_\_\_\_

B. \_\_\_\_\_ I need to see the estimate prior to approval. *(Please sign to approve estimate.)* \_\_\_\_\_ DATE \_\_\_\_\_

### COPYRIGHTED MATERIAL

- I agree to indemnify, hold harmless and defend the University of Louisiana at Lafayette, its employees, agents and representatives, in any claim or lawsuit that may be made or filed, which arises from my request for duplication, or use of any copyright material, whether said copyright is actual or implied.
- I also agree to indemnify, hold harmless and defend the University of Louisiana at Lafayette, its employees, agents and representatives, from any claims or lawsuits that may arise as a result of my direction to the staff of Printing Services of the University of Louisiana at Lafayette.
- I understand and agree that if said materials contain copyrighted materials, I am solely responsible for obtaining written permission for same prior to duplication or use.

## Work Order *(You must provide all information requested.)*

Description of Work: \_\_\_\_\_ Sheet Size: \_\_\_\_\_

Front and back are considered 2 originals.

**No. of Originals:** \_\_\_\_\_ **Total Copies Needed:** \_\_\_\_\_

**Paper** Weight \_\_\_\_\_ # Color \_\_\_\_\_ Ink \_\_\_\_\_

**Cover** Weight \_\_\_\_\_ # Color \_\_\_\_\_ Ink \_\_\_\_\_

### Bindery Needed:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> No Bindery Needed             | <input type="checkbox"/> Staple(s)                                       | <input type="checkbox"/> Perforate    |
| <input type="checkbox"/> Collate                       | <input type="checkbox"/> 1@ Top Left<br><input type="checkbox"/> 2@ Left | <input type="checkbox"/> Perfect Bind |
| <input type="checkbox"/> Laminate                      | <input type="checkbox"/> Saddle  | <b>Spiral Binding</b>                 |
| <input type="checkbox"/> _____ Drill Hole(s)           | <input type="checkbox"/> Pad _____ sheets/pad                            | <input type="checkbox"/> Coil _____   |
| <input type="checkbox"/> Cut _____                     |  | <input type="checkbox"/> Comb _____   |
| <input type="checkbox"/> Number: Start _____ End _____ |  | <input type="checkbox"/> Wire _____   |


### Printing Preference:

- |   |   |
|---|---|
| <input type="checkbox"/> Front Only     | <input type="checkbox"/> Front & Back       |
| <input type="checkbox"/> Photocopy      | <input type="checkbox"/> Offset Printing    |
| <input type="checkbox"/> Typeset/Design | <input type="checkbox"/> Disk submitted     |
|   | <input type="checkbox"/> File sent (E-mail) |

Changes in quantity or format after all approvals are acquired will necessitate additional charges and an extended completion date. Printing Services will begin work on this request ONLY after fund approval is received from the Comptroller's Office.

### Fold Needed:

- |                                      |   |                              |                              |                                    |
|--------------------------------------|---|------------------------------|------------------------------|------------------------------------|
| <input type="checkbox"/> Do Not Fold | <input type="checkbox"/> 1/2  | <input type="checkbox"/> 1/3 | <input type="checkbox"/> 1/4 | <input type="checkbox"/> Paper Tab |
| <input type="checkbox"/> Score       | Page #1 Must Face: <input type="checkbox"/> Out <input type="checkbox"/> In |                              |                              |                                    |

 Deliver Completed Work To: Person: \_\_\_\_\_ Bldg: \_\_\_\_\_ Room: \_\_\_\_\_

Send Proof By:  Campus Mail To: \_\_\_\_\_ Dept: \_\_\_\_\_

Fax Number: \_\_\_\_\_  E-mail Address: \_\_\_\_\_

Delivered By: \_\_\_\_\_ Date: \_\_\_\_\_ No. of Boxes \_\_\_\_\_

**Received By (Print):** \_\_\_\_\_

## To be completed by Printing Services only

Price Estimate: \$ \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Fund Approval (Comptroller): \_\_\_\_\_ Date: \_\_\_\_\_