



Request a Quote  
 Estimated Cost: \_\_\_\_\_

NVC PRINTSHOP USE ONLY  
 \_\_\_\_\_

# PRINTING REQUEST

DEPARTMENT	REQUEST BY (FIRST & LAST NAME)	DATE NEEDED
ORDER NAME/DESCRIPTION	EMAIL	PHONE

**BUDGET CODES (REQUIRED)**

\_\_\_\_\_

Authorization Signature (Administrators) \_\_\_\_\_

**COPYRIGHT CERTIFICATION - MANDATORY**

*I certify that this request is not in violation of copyright law.*

\_\_\_\_\_

Signature of Person Requisitioning Order

**SPECIAL INSTRUCTIONS (Notes/Details/Others)**

<b>NUMBER OF SHEETS</b> <small>(Originals)(the number of sheets of paper in each set of the finished package)</small>	<b>NUMBER OF SETS/COPIES</b> <small>(the number of finished copies of the original package)</small>	<b>PRINTING MODE</b> <input type="checkbox"/> 1 sided originals → 1 sided copies <input type="checkbox"/> 1 sided originals → 2 sided copies <input type="checkbox"/> 2 sided originals → 1 sided copies <input type="checkbox"/> 2 sided originals → 2 sided copies	<b>FINISH SIZE:</b> <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> 13 x 19	<b>COLOR PRINTS AND INKS</b> <input type="checkbox"/> Full (Color Copier) <input type="checkbox"/> Balck & White
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**PAPER TYPE:**

Exactly as sample attached

**COLOR**

White     Pink  
 Blue     Yellow  
 Buff     Green  
 Goldenrod (20lb only)

**WEIGHT**

Card Stock     20lb

**NCR**

2 Part  
 3 Part  
 \_\_\_\_\_

**ENVELOPES**

#10 Regular  
 #10 LEFT Window  
 \_\_\_\_\_

**SPECIALTY**

Label (White)  
 Tabs \_\_\_\_\_  
 \_\_\_\_\_

**DELIVERY/PICKUP:**

Pickup  
 Inter-office Mail (subject to availability)

**Destination:**

LLRC     UVC  
 CJT     PE  
 HEOC     PAC

Room #: \_\_\_\_\_

**BINDERY (Mark all that are applicable)**

COLLATE

STACK (NO COLLATING): (with blank slip sheets)

3-HOLE PUNCH

COMB BIND

**STAPLE:**

1 staple upper left     2 staples on left margin

Booklet: 2 staples along spine, Folded 1/2 (Saddle Stitch)

**FOLD:**

1/2 Fold     Tri-Fold (Letter)

**CUT:**

Half     Quarters

\_\_\_\_\_

**PAD:**

Total Number of Pads \_\_\_\_\_

Sheets per Pad  100 or \_\_\_\_\_

**Finishing**

Shrink Wrap  
 Bookstore Prep.  
 Lamenating

**Scan Job**

Scan Included Documents

**Desired File Format:** \_\_\_\_\_

**Scanned Document Destination** \_\_\_\_\_