



PRINT SHOP WORK ORDER

(520) 225-5437 Ph. (520) 225-5307 FAX | 325 N. Euclid, P.O. Box 40400, Tucson, AZ 85719
Website: <http://instech.tusd.k12.az.us/~print/index.html>

FIELDS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED TO PROCESS WORK ORDER.

PS Job #: _____
(PS USE ONLY)

*SCHOOL/DEPT.: _____ *DATE NEEDED: _____ AM/PM

*CONTACT PERSON: _____ *PHONE: _____ FAX: _____

*DESCRIPTION: _____ TUSD Form #: _____

*AUTHORIZED BY: _____ X
(signature required)

*BUDGET CODE: _____

TOTAL AMOUNT: _____
(Print Shop will Price)

*FINISHED SIZE: _____

*QTY. ORDERED: _____

PADS OF: _____ SHEETS/SETS

*# ORIGINALS: _____ RETURN?

*FILES: E-MAILED TO: _____

UPLOADED DATE SENT: _____

*SPECIFICATIONS: PAPER/STOCK: _____

PAPER COLOR: _____

FILENAME: _____

Microsoft Publisher Adobe InDesign PDF

Microsoft Word Adobe Illustrator Mac OS and Windows 2000-XP files only!

Microsoft Excel Adobe Pagemaker

Please PACKAGE your files with all necessary FONTS and GRAPHICS. Visit the Print Shop Website for Instructions regarding Electronic Files.

*COPIER: (UP TO 13"x19") B&W: COLOR LASER: ENLARGE? REDUCE?

PRINT SINGLE-SIDED: DOUBLE-SIDED: SINGLE & DOUBLE-SIDED:

SLIPSHEET SECTIONS: Please remember to attach your HARD COPY, CAMERA-READY originals and/or SAMPLES and specify the FINISHED SIZE of your job

*PRESS: (4-COLOR JOBS SPECIFY CMYK)

SPECIFY PANTONE SPOT COLORS:

INK COLOR #1: _____

INK COLOR #2: _____

INK COLOR #3: _____

INK COLOR #4: _____

*WIDE FORMAT: (JOBS 13"x19" AND LARGER) GROMMETS FOR VINYL ONLY, NO CHARGE

POSTER: BANNER: *ENLARGE? *Enlargements require HIGH QUALITY files for best results

COLOR: OR B&W:

NOTES:

*BINDERY: STAPLE: ← OTHER STAPLE (please mark)

COLLATE: HOLE PUNCH: ← OTHER HOLE PUNCH (please mark)

CUT TO SIZE: †BLEEDS: (1/8" min.) †Artwork with bleeds MUST extend at least 1/8" beyond BLEED area AND include CROP marks!

FOLD 1/2: Z-FOLD: LETTER FOLD / (TRI-FOLD):

NEWSLETTER FOLD: (11"x17" → 8.5"x5.5") OTHER FOLD: _____

*OTHER BINDERY: (please mark all that apply)

TABBED NUMBER PERFORATE SHRINKWRAP

LAMINATE SCORE SPIRAL COLOR: _____

PAD STUFF PLASTIKOIL: GBC:

NOTES:

(FOR PRINT SHOP USE ONLY - DO NOT WRITE IN THE BELOW SHADED AREA)

RECEIVED BY PRINT SHOP: _____

PREPRESS/DESIGN: _____ D.T.P. CHARGES: HOURLY RATE APPLIED _____ PROOF: OUT: _____ OK'D _____

VENDOR CHARGES: _____

PRESS/COPIER/WIDE FORMAT: Press Copier Color Copier Wide Format # Plates: _____

PAPER #1	Stock _____	PAPER #2	Stock _____
	Color _____ Shts _____		Color _____ Shts _____
	Size & Weight _____ IMPs _____		Size & Weight _____ IMPs _____

Print/Copy Completed: _____

BINDERY/FINISHING: Finished: _____

of pkgs.: _____ # of boxes: _____

Notes: _____

Initial: _____

*CUSTOMER DELIVERY OPTIONS

Mail Customer Pick-Up

Date/Time Called: _____

Received by: X _____
sign here

Date _____ A.M./P.M.

Send ALL copies of work order to Print Shop - a copy will be returned with Total Amount entered.