



University of Virginia
PRINTING AND COPYING SERVICES
 Messenger Mail Address: 2474 Old Ivy Road, P.O. Box 400728
 Phone 924-7186 Fax: 924-6174

PRINTING REQUISITION FORM

PLEASE READ AND FILL OUT IN DETAIL. To requisition any service or material from the University Printing Office this form must be filled out in applicable detail and sent to the Printing Office together with copy for the job. **Orders not accompanied by properly completed forms and copy are subject to delay until necessary information is supplied.** Note that all blanks **MUST** be filled in with proper information, when applicable. Call the Printing Office at **924-7186** if assistance is needed. **PLEASE RETAIN GOLD COPY FOR YOUR RECORDS.**

PRINTING OFFICE JOB NO.:

CHARGE TO (Dept. or Division)		DELIVER TO (Include Name, Room No., & Building)	
ADDRESS (Messenger Mail)		PHONE NUMBER:	
NAME OF INDIVIDUAL ENTERING REQUISITION		E-MAIL ADDRESS:	
FUND CODE		AUTHORIZING SIGNATURE (if required by your department)	
PTAEO _____ - _____ . _____ - _____ - 1 2 4 2 - _____		DATE OF SUBMISSION	REQUESTED DELIVERY DATE
WRITTEN DESCRIPTION OR IDENTITY OF JOB (Please be specific — i.e., Letterhead; Requisition Form P-10; etc.)			
QUANTITY (Number)	FINISHED PRODUCT IS		FINISHED SIZE
	<input type="checkbox"/> Singles <input type="checkbox"/> Padded* <input type="checkbox"/> Folders <input type="checkbox"/> Sets <input type="checkbox"/> Pamphlets		X
PREPARATION		TYPE OF PROOF	
<input type="checkbox"/> This is a NEW printing job. <input type="checkbox"/> This is a REPRINT WITH REVISIONS . Last Job # _____ <input type="checkbox"/> This is an EXACT REPRINT with no changes. Last Job # _____ <input type="checkbox"/> DISK PROVIDED. <input type="checkbox"/> NEGATIVES SUPPLIED , ready to print. <input type="checkbox"/> CAMERA READY copy provided, completely ready to print.		<input type="checkbox"/> NO PROOF NECESSARY <input type="checkbox"/> PROOF IS REQUIRED	
		SEND PROOFS TO	REQUESTED PROOF DATE
		FAX NUMBER	PHONE NUMBER
If NCR Form	PRESS	BINDING	PACK AND DELIVERY
Colors of Parts	<input type="checkbox"/> 1 Side <input type="checkbox"/> 2 Sides INK COLORS <input type="checkbox"/> Black	<input type="checkbox"/> Fold to _____ X _____ <input type="checkbox"/> Single Staple <input type="checkbox"/> Side Staple <input type="checkbox"/> Saddle Bound <input type="checkbox"/> Perfect Bound * <input type="checkbox"/> Padded _____ sheets/pad <input type="checkbox"/> Drill _____ holes <input type="checkbox"/> Attach reply cards <input type="checkbox"/> Other _____	<input type="checkbox"/> Package Best Way <input type="checkbox"/> Shrink Wrap _____ / Pkg <input type="checkbox"/> Band _____ / Band <input type="checkbox"/> Box _____ / Box <input type="checkbox"/> Carton Pack <input type="checkbox"/> Sample on Package <input type="checkbox"/> Deliver (on-Grounds) <input type="checkbox"/> Customer will pick-up <input type="checkbox"/> Mail / Ship
1 _____	<input type="checkbox"/> NUMBERING NEEDED		
2 _____	Beginning No. _____		
3 _____			
4 _____			
5 _____			
6 _____			
TYPE OF STOCK			
REMARKS AND/OR INSTRUCTIONS			

UPJ-210013/1001

DELIVERY RECORD (For Printing Office Use Only)

QUANTITY ORDERED	QUANTITY DELIVERED	<input type="checkbox"/> PARTIAL DELIVERY	DATE OF DELIVERY
		<input type="checkbox"/> DELIVERY COMPLETE	
NO. OF PACKAGES	NO. IN EACH PKG.	SIGNATURE	