SUNY EMPIRE STATE COLLEGE

Print-Copy Request

* REQUIRED FIELDS

*Date submitted _____ *REQUEST # _____

*Date required _____ *ACCOUNT #_____

NAME OF JOB

FORM # F-

INK COLOR
- ☐ BLACK
- ☐ COLOR

_____ (Other – specify color)

PAPER COLOR
- ☐ WHITE
- ☐ OTHER

_____ (specify color)

☐ COVER INK COLOR _____

STOCK _____

COLOR_____ WEIGHT_____

☐ ONE SIDE
☐ TWO SIDES
☐ COLLATE
☐ NO COLLATE
☐ STAPLE/S.S.
☐ NO STAPLE
☐ COMB BIND
☐ PERFECT BIND

☐ FOLD Size_____
☐ CUT Size_____
☐ PUNCH
☐ PAD
☐ PERF
☐ TABBING
☐ TYPESET

SPECIAL INSTRUCTIONS/COMMENTS

PRODUCTION #_____

PRINT SHOP USE ONLY

	QUANTITY	PRICE
TYPESETTING		
PRINT SHOP MAIL / MERGE / SCANNING		
PLATES		
PERFECT BIND ☐ COMB BIND ☐ SPIRAL BIND ☐		
TABS		
PAPER/SUPPLIES		

☐ OMNI	☐ 3200	TYPESET/ PSM	
☐ 1250	☐ 512	MATERIAL COST	
☐ 1070	☐ Wide Format		
☐ 7110	☐ Score/ Crease	MACHINE COST	
PRINTED BY		LABOR	
DATE PRINTED		A/O	
DATE FINISHED	Initials	TOTAL COST	

NUMBER OF PAGES

NUMBER OF COPIES

TOTAL with indicia/tab _____

TOTAL w/o indicia/no tab _____

SUB OBJECT 5607

DELIVER TO (name/location/office)

☐ MAIL ROOM

☐ ADDITIONAL COPIES (QTY. _____) TO

PROJECT CONTACT (phone number/ext. location/office)

AUTHORIZED BY

Mailing Information

CLASS OF MAILING

☐ FIRST CLASS

☐ FIRST CLASS PRESORT (500 minimum)

☐ STANDARD BULK MAIL (200 minimum)

ADDITIONAL REQUIREMENTS

☐ INSERTING

ENVELOPES REQUIRED

☐ YES ☐ NO

☐ SELF-MAILER

TYPE OF ENVELOPE

Please email this completed form and electronic copy to Printshop@esc.edu.

If not completely filled out, we will print/ copy/finish the most cost-effective way.