



P: 532-1520 / F: 532-7637
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PRINTING ORDER / REQUISITION

Job Ticket Number _____ Requisition Number _____

Date _____ Department _____

Delivery Date: _____ Contact Person _____

Estimate number _____ Telephone _____ FAX _____

PREVIOUS JOB NO. _____ Delivery Address _____

Quantity _____ Job Description/Title _____

Special Instructions _____

Number of pages/panels _____ Reprint Changes New Job Finish (final) Size _____

Flat (unfolded) size _____ Page Size _____ Kind of Cover Separate Self-cover

Bleeds Yes No To Run: 1 side 2 sides Head-Head Head-Foot

DESIGN / LAYOUT

Composition/Mechanicals

File provided Hard copy provided Typesetting needed

_____ Name of file

File sent to: _____

please send pdf file; e-mail address: _____ (Created from final proof)

PrintingType

Offset press

Digital: Color _____

B/W _____

Proofing

Kinds of proofs requested: Electronic _____ Page Press
Send to email address

PAPER / INK

Paper

Weight Description/Color

Text _____ Front _____ Back _____

Cover _____ Front _____ Back _____

Ink Colors

BINDERY

Finishing

Fold _____ Collate Saddle Stitch Side Stitch & Tape
 Score Perforate Staple/ULC Tabbing _____
 Die Cut Custom Die Required Shrinkwrapping - wrap in _____

Unibind

Unibind Perfect Bind Comb bind Spiral bind
Color _____
 Carbonless Pad Pad-# per pad _____

Inserting

No. of items _____
Quantity _____
 Drill-
No. of holes _____

MAILING

Addressing

Quantity _____
 Labels provided Generate labels (inkjet labeling)
 Disc provided File e-mailed to printmail@ksu.edu

Mailing

Quantity _____ A&K Other _____
 1st Class Standard Non-Profit

Approval: _____
Department or Unit Head