

SR # _____

ACADEMIC TECHNOLOGY SERVICES
 PRINTING SERVICES
 SERVICE REQUEST AUTHORIZATION FORM
 PHONE: (210) 567-2315 • FAX: (210) 567-2240

IN

OUT

COPY EXPRESS	OFFSET	OFFICE COPIERS
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CUSTOMER INFORMATION

Department: _____ **Date Due:** _____

Requestor: _____ **Phone:** _____ **Fax:** _____
Please Print (Last name, first name)

Project ID: _____ **Dept ID:** _____ **Authorized Signature:** _____

JOB DESCRIPTION: _____ **Last SR#:** _____

File name (File name/ Location): _____

Email (sent to: _____) CD/DVD Hard Copy Printed Sample Provided

JOB SPECIFICATIONS

Design Needed: Yes No Designer Contact: _____ MAC PC

Application: Indesign MS Publisher Power Point PDF Word Other: _____

QUANTITY: _____ Flat Size: _____ Finished Size: _____ Booklet # of Pages: _____

Number of Originals: _____ (For double-sided originals count front and back as 2 originals)

Black & White 1-Sided Collate **Paper:** _____

Color Copies 2-sided

INKS: 4-Color Spot Color Varnish Other: _____

STANDARD STATIONARY: Business Cards Letterhead Envelopes

FINISHING SERVICES

<p>LAMINATION</p> <p>3 Mil Glossy -18" wide</p> <p>Other: _____</p> <p>BINDING OPTIONS</p> <p>GBC Punch & Bind Coil Bind</p> <p>Tape Bind Perfect bind</p> <p>Clear Front & Blk Back</p> <p>Padding, Sheets Per Pad: _____</p>	<p>STAPLING</p> <p>Staple Upper Left 3 Hole Punch</p> <p>Staple Upper Right 2 Hole Punch Top</p> <p>2 Staples Left Side</p> <p>FOLDING</p> <p>Single fold in half Letter-Fold</p> <p>Z-Fold Fold-Saddle Stitch</p> <p>MISCELLANEOUS</p> <p>Trim Shrink Wrap Per: _____ Perforate</p>
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Pickup (**CXP** **PS**) **Deliver to Room #** _____ **Bldg.** _____

Other Services Needed:	Activity	Date	Time	Initials

PRINTING SERVICES USE ONLY:

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Please attach this form with the Service Request Authorization
form and submit to Printing Services

Additional Information: