

PRINTING REQUEST



500 CENTER AVENUE, BAY CITY, MI 48708-5942

DATE ORDERED _____
DATE NEEDED _____
Printing schedules are set according to date requests are needed. Please submit an actual date needed not <i>ASAP, Immediately or Rush</i>

Printing Firm _____

Title/Subject of Job _____

Ordered by: _____

Phone # _____

Library _____

Approved by: _____

Special Instructions from Library: _____

of Copies: _____
<input type="checkbox"/> Bookmarks
<input type="checkbox"/> Folders
<input type="checkbox"/> Booklets
<input type="checkbox"/> Flyers
<input type="checkbox"/> Poster/Signs
<input type="checkbox"/> Other

PAPER:

_____ Size
_____ Color
_____ Weight
_____ Run 1 Side
_____ Run 2 Sides
_____ Impressions

<input type="checkbox"/> Cut
<input type="checkbox"/> Fold
<input type="checkbox"/> Laminate
<input type="checkbox"/> Collate
<input type="checkbox"/> Staple
<input type="checkbox"/> Pad
<input type="checkbox"/> Trim