SHADED AREAS FOR CUSTOMER SERVICE USE ONLY

| FORM NO. | ENTERPRISE JOB NO. | ☐ CUSTOMER WILL PICK-UP JOB (CALL WHEN READY) |
|---|---|---|

IDS/DIVISION OF CENTRAL SERVICES

# ART / PRINT / COPY / MAIL REQUEST FORM

(PLEASE TYPE OR PRINT)

| | | |
|---|---|---|
| **SHIP TO:** (Department, Agency, or IDS Mail) | **1st PERSON TO CONTACT** (Re: Job Specifics) | **2nd PERSON TO CONTACT** |
| **ADDRESS** | **TELEPHONE NO. EXT.** | **2nd PERSON TELEPHONE NO. EXT.** |
| | **BILL TO:** (Only if other than ship to) | |
| **TITLE OF PROJECT** | **ADDRESS** | |
| **NAME OF DIGITAL FILE(S)** | **E-MAIL ADDRESS** (Job Specific Contact) | |

| DATE OF REQUEST | DATE & TIME REQUIRED | ART RECEIVED | TO PRINT | PRINT DUE | EST. ART COST/BY | AUTHORIZED SIGNATURE (If req. by agency) |
|---|---|---|---|---|---|---|
| | | ART DUE | PRINT RECEIVED | TO MAIL | EST. PRINT COST/BY | |

**BILLING CODE NO. (required to process order)**

YOUR Q,A,P NUMBER **(9 digit bill code)**

A P Q

YOUR MAIL CODE IF DIFFERENT

M

**Bill Code DOC I.D. (for C.S. use only)**

I T A E A

DATE CALLED, EMAILED, OR MAILED

ASSIGNED DESIGNER

## TYPE OF REQUEST: ☐ ART REQUIRED ☐ PRINTING REQUIRED ☐ QUICK COPY REQUIRED

☐ **MAIL** (Call IDS Mail to arrange for scheduling and processing of your mailing) ☐ **OTHER** (Use Special Instructions area)

**ARTWORK / SAMPLE INCLUDED?** ☐ YES ☐ NO

**NO. OF ORIGINALS**

**FINISHED QUANTITY**

**PRESS INK COLOR(S)** ☐ BLACK ☐ PMS _____ ☐ PMS _____

**COPIER (Digital)** ☐ BLACK ☐ COLOR

**PRINT & COPY SIDES/ORIENTATION**
- ☐ FRONT ONLY
- ☐ HEAD TO HEAD
- ☐ FRONT & BACK
- ☐ HEAD TO FOOT

**DRILLING**

**NO. OF HOLES** ☐ 2 ☐ 3 ☐ _____

**SIDE** ☐ 8 ½ ☐ 11 ☐ 14 ☐ _____

**FINISHED SIZE**
- ☐ CUT TO:
- ☐ FOLD TO:
- ☐ 4 ¼ x 5 ½
- ☐ 5 ½ x 8 ½
- ☐ 8 ½ x 11
- ☐ 8 ½ x 14
- ☐ 11 x 17
- ☐ _____
- ☐ LETTERFOLD SIZE (#10 ENV)

**PUNCHING/BINDING** ☐ GBC ☐ SPIRAL ☐ WIRE-O

**OTHER** ☐ SCORE ☐ PERFORATE

**PAPER STOCK** (weight and color)
- ☐ BOND _____
- ☐ TEXT _____
- ☐ COVER _____
- ☐ _____

☐ **NCR Parts** 2 3 4 5 6 (Standard–White,Canary, Pink, etc.)
- ☐ TRANSPARENCIES
- ☐ TABS _____

**TYPE OF BINDING**
- ☐ COLLATE/INSERT
- ☐ SIDE STITCH
- ☐ SADDLE STITCH
- ☐ CORNER STAPLE L R
- ☐ TAPE BIND (Q.C. ONLY)
- ☐ _____

**PADDING**
- ☐ TOP ☐ BOTTOM
- ☐ LEFT ☐ RIGHT

SHEETS PER PAD _____

SHEETS PER SET _____

SETS PER PAD _____

☐ SHRINK WRAP _____

| PARTS | PAPER COLOR SEQUENCE (NCR ONLY) |
|---|---|
| 1 | (select color) |
| 2 | (select color) |
| 3 | (select color) |
| 4 | (select color) |
| 5 | (select color) |
| 6 | (select color) |

## MAIL OPERATIONS

- ☐ INKJET _____
- ☐ FOLD _____
- ☐ INSERT _____
- ☐ LABELING _____

DATE MATERIAL IN: _____
- ☐ HAND WORK _____
- ☐ SORTING _____
- ☐ TABBING _____

MAILED: _____
- ☐ PRESORT STANDARD PRMT # _____
- ☐ PRESORT 1ST CLASS PRMT # _____
- ☐ NON PROFIT PRMT # _____
- ☐ METERED MAIL RATE _____

PIECE COUNT _____

☐ OTHER _____

**ENVELOPES PROVIDED** ☐ YES ☐ NO

☐ **IF NO, SPECIFY SOURCE** _____

## SPECIAL INSTRUCTIONS (Additional information, detailed description of work desired)