

<b>FORM NO.</b>	<b>ENTERPRISE JOB NO.</b>	<input type="checkbox"/> <b>CUSTOMER WILL PICK-UP JOB</b> (CALL WHEN READY)	<b>DIVISION OF CENTRAL SERVICES - IDS</b> <b>ART / PRINT / COPY / MAIL REQUEST FORM</b> (PLEASE TYPE OR PRINT)
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<b>SHIP TO:</b> (Department, Agency, or IDS Mail)	<b>1st PERSON TO CONTACT</b> (Re: Job Specifics)	<b>2nd PERSON TO CONTACT</b>
<b>ADDRESS</b>	<b>TELEPHONE NO. EXT.</b>	<b>2nd PERSON TELEPHONE NO. EXT.</b>

<b>BILL TO:</b> (Only if other than ship to)	<b>ADDRESS</b>
<b>TITLE OF PROJECT</b>	<b>ADDRESS</b>
<b>NAME OF DIGITAL FILE(S)</b>	<b>E-MAIL ADDRESS</b> (Job Specific Contact)

<b>DATE OF REQUEST</b>	<b>DATE &amp; TIME REQUIRED</b>	<b>ART RECEIVED</b>	<b>TO PRINT</b>	<b>PRINT DUE</b>	<b>EST. ART COST/BY</b>	<b>AUTHORIZED SIGNATURE</b> (If req. by agency)
		<b>ART DUE</b>	<b>PRINT RECEIVED</b>	<b>TO MAIL</b>	<b>EST. PRINT COST/BY</b>	

<b>BILLING CODES (required to process order)</b>	<b>Bill Code DOC I.D. (for C.S. use only)</b>	<b>DATE CALLED, EMAILED, OR MAILED</b>
9 digit CORE Code/Accounting Template ID	I T A E A	<b>ASSIGNED DESIGNER</b>
CDOT SAP Bill Code		

<b>TYPE OF REQUEST:</b> <input type="checkbox"/> ART REQUIRED <input type="checkbox"/> PRINTING REQUIRED <input type="checkbox"/> QUICK COPY REQUIRED	<b>ARTWORK / SAMPLE INCLUDED?</b>	<b>PARTS</b>	<b>PAPER COLOR SEQUENCE (NCR ONLY)</b>
<input type="checkbox"/> MAIL (Call IDS Mail to arrange for scheduling and processing of your mailing) <input type="checkbox"/> OTHER (Use Special Instructions area)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>NO. OF ORIGINALS</b>	<b>FINISHED QUANTITY</b>	<b>PRESS INK COLOR(S)</b> <input type="checkbox"/> BLACK <input type="checkbox"/> PMS _____ <input type="checkbox"/> PMS _____	<b>FINISHED SIZE</b> <input type="checkbox"/> CUT TO: <input type="checkbox"/> FOLD TO: <input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> _____ <input type="checkbox"/> LETTERFOLD SIZE (#10 ENV)	<b>PAPER STOCK</b> (weight and color) <input type="checkbox"/> BOND _____ <input type="checkbox"/> NCR Parts 2 3 4 5 6 <input type="checkbox"/> TEXT _____ (Standard-White, Canary, Pink, etc.) <input type="checkbox"/> COVER _____ <input type="checkbox"/> TRANSPARENCIES <input type="checkbox"/> _____ <input type="checkbox"/> TABS		
<b>PRINT &amp; COPY SIDES/ORIENTATION</b> <input type="checkbox"/> FRONT ONLY <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> FRONT & BACK <input type="checkbox"/> HEAD TO FOOT			<b>TYPE OF BINDING</b> <input type="checkbox"/> COLLATE/INSERT <input type="checkbox"/> SIDE STITCH <input type="checkbox"/> SADDLE STITCH <input type="checkbox"/> CORNER STAPLE L R <input type="checkbox"/> TAPE BIND (Q.C. ONLY) <input type="checkbox"/> _____	<b>PADDING</b> <input type="checkbox"/> TOP <input type="checkbox"/> BOTTOM <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT SHEETS PER PAD _____ SHEETS PER SET _____ SETS PER PAD _____ <input type="checkbox"/> SHRINK WRAP		
<b>DRILLING</b> <b>NO. OF HOLES</b> <input type="checkbox"/> 2 <input type="checkbox"/> 3		<b>SIDE</b> <input type="checkbox"/> 8 1/2 <input type="checkbox"/> 11 <input type="checkbox"/> 14	<b>PUNCHING/BINDING</b> <input type="checkbox"/> GBC <input type="checkbox"/> SPIRAL <input type="checkbox"/> WIRE-O <b>OTHER</b> <input type="checkbox"/> SCORE <input type="checkbox"/> PERFORATE			

<b>MAIL OPERATIONS</b>	DATE MATERIAL IN: _____	MAILED: _____	PIECE COUNT _____
<input type="checkbox"/> INKJET _____	<input type="checkbox"/> HAND WORK _____	<input type="checkbox"/> PRESORT STANDARD PRMT # _____	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> FOLD _____	<input type="checkbox"/> SORTING _____	<input type="checkbox"/> PRESORT 1ST CLASS PRMT # _____	<b>ENVELOPES PROVIDED</b>
<input type="checkbox"/> INSERT _____	<input type="checkbox"/> TABBING _____	<input type="checkbox"/> NON PROFIT PRMT # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> LABELING _____		<input type="checkbox"/> METERED MAIL RATE _____	<input type="checkbox"/> IF NO, SPECIFY SOURCE _____

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