SHADED AREAS FOR CUSTOMER SERVICE USE ONLY

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

DIVISION OF CENTRAL SERVICES - IDS

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 CODES (required to process order)

9 digit CORE Code/Accounting Template ID

CDOT SAP Bill Code

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

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

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 _____

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)