--- ALWAYS REFER TO THE MOLLOY COLLEGE PRINTING GUIDE ---

**DATE OF REQUEST:** __________________
**WHEN DO YOU NEED THIS JOB?** (Extra time required for design/layout)

**NAME:** __________________
**DEPT:** __________________
**PHONE EXT.:** __________________

**ACCT TO BE CHARGED ( %):** ________  
**ACCT TO BE CHARGED ( %):** ________

**TITLE/DESCRIPTION OF JOB (please attach sample if available):**

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<th>DIXELING</th>
<th>INK COLOR</th>
<th>PAPER SIZE</th>
<th>PAPER TYPE</th>
<th>PAPER COLOR</th>
<th>DESIGN/LAYOUT</th>
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**SPECIAL INSTRUCTIONS:**

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**FOR OFFICE SERVICES USE ONLY (FEES)**

**ASSIGNED TO:** __________________
**PROGRAM USED:** __________________
**FILE NAME:** __________________

**POINT TO GRAPHICS:** __________________

**COMPLETION DATE:** __________________

**1ST TIME LAYOUT** __________________
**CONSECUTIVE EDITS** __________________
**COLLATE** __________________
**STAPLIE** __________________
**FOLD** __________________
**CUT** __________________
**INSERT/FOLD** __________________
**GLUE** __________________
**LAMINATE** __________________
**COMB BIND** __________________
**MOUNT** __________________
**OTHER** __________________

**PAPER CHARGE:** __________________
**COPY CHARGE:** __________________

**EQUIPMENT USED:** RISO_____ XEROX_____ BINDER_____ LAM_____ BOOKLET MKR_____ TEK_____ OTHER_____

**PROOFED BY** __________________
**1ST PROOF SENT** __________________
**RETURNED** __________________

**PROOFED BY** __________________
**2ND PROOF SENT** __________________
**RETURNED** __________________

**PROOFED BY** __________________
**3RD PROOF SENT** __________________
**RETURNED** __________________

**SUBTOTAL:** __________________
**minus cost of paper**
**if billed separately:** __________________

**TOTAL:** __________________

**WHITE:** ADMIN SVCS COPY
**CANARY:** PURCHASING DEPT.
**PINK:** CUSTOMER

[Signature]

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