



TO BE COMPLETED BY REQUESTING OFFICE

PHONE: 718-935-3225 FAX: 718-935-5171

JOB DESCRIPTION		TODAY'S DATE	REQUESTED DUE DATE												
I certify that funds have been set aside in the budget code indicated below for the service requested in the amount indicated (Total Production Charge) and authorize the Division of Financial Operations to debit my budget. SIGNATURE _____ DATE _____ DEBIT TO REQUESTING OFFICE: DISTRICT QUICK CODE OBJECT LOCATION CODE ACTIVITY CODE <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>101</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								101						DIVISION/OFFICE/BUREAU NAME	
								101							
		CONTACT PERSON													
		TELEPHONE NUMBER OF CONTACT PERSON													
		BUILDING NUMBER & STREET													
		FLOOR & ROOM NUMBER													

PRINTING REQUEST Addressing/Labeling Services Required

PRINTING <input type="radio"/> Black & White (\$0.03/Copy) <input type="radio"/> Full Color (\$0.20/Copy) <input type="radio"/> One Sided <input type="radio"/> Two Sided <input type="checkbox"/> Portrait <input type="checkbox"/> Landscape <input type="radio"/> Head to Head <input type="radio"/> Head to Foot PAPER SIZE <input type="radio"/> 8½ x 11 <input type="radio"/> 11 x 17 <input type="radio"/> 8½ x 14 <input type="radio"/> Other _____ ENVELOPES <input type="radio"/> #10 <input type="radio"/> #10 Window <input type="radio"/> 9½ x 12½ Brown Kraft Flat Specify Return Address → <input type="radio"/> Proof Copy Requested Before Printing	NUMBER OF ORIGINALS x NUMBER OF COPIES OF EACH = TOTAL REQUESTED
	TYPE OF PAPER STOCK <input type="radio"/> 20 lb. (B/W) <input type="radio"/> Transparency <input type="radio"/> 67 lb. Card <input type="radio"/> Glossy Card Cover <input type="radio"/> 24 lb Color XPressions <input type="radio"/> Other _____ Carbonless <input type="radio"/> 2 Part <input type="radio"/> 3 Part
	FINISHING (discuss with printing supervisor) <input type="radio"/> Collate <input type="radio"/> Fold <input type="radio"/> Cut <input type="radio"/> Bind <input type="radio"/> Staple (upper left corner) <input type="radio"/> 3 Hole Punch <input type="radio"/> Insert, Mail <input type="radio"/> Slip Sheet Between Sets <input type="radio"/> Laminate (limited) <input type="radio"/> Booklet (12 sheet maximum – for 48 page signature (set up booklet format in MS Publisher)) Operator _____ Date Completed _____
	SPECIAL INSTRUCTIONS: Specify copy position, folding, punching instructions, etc. (discuss with printing supervisor)

PRODUCTION COST TOTAL PRODUCTION CHARGE
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FOR PRINTING OPERATOR USE ONLY		OPERATOR	DATE COMPLETED	TOTAL IMPRESSIONS
<input type="radio"/> Docutech 6135 <input type="radio"/> Nuvera 120 <input type="radio"/> WorkCentre Pro 55 <input type="radio"/> Xerox 120 <input type="radio"/> Xerox Docutech 6180 <input type="radio"/> Docucolor 6060 <input type="radio"/> _____ <input type="radio"/> _____	FOR ENVELOPE/LABEL ADDRESSING OPERATOR USE ONLY		OPERATOR	
Delivered by _____		DATE COMPLETED	ENVELOPE SIZE	QUANTITY
Originals and completed work received by _____				<input type="radio"/> Return Address <input type="radio"/> Mailing Address
Comments _____		Date _____		