NO.

UNIVERSITY of WISCONSIN
UWMILWAUKEE

PRINT & COPY SERVICES ORDER FORM

USR 115 E. Reindl Way, Glendale, WI 53212-1255

Rooms 140-158 ■ *phone:* 4944 ■ *fax:* 6912 ■ www.PrintCopy.uwm.edu

Delivery Date _____
☐ Required ☐ Requested

Most Recent Old Job No.	Internal Billing #	Fund	Project/Grant	Program	Organization Code
	PR				

Department Name	Contact	☐ I am authorized to order printing for my dept. (Box must be checked)	Phone	Email ☐ @uwm.edu

INSTRUCTIONS: Only fill in the necessary fields relating to your request. Form can be uploaded to the dropbox, emailed to: print-copy@uwm.edu, or faxed to x6912.

Job Type: ☐ Exact Re-Order ☐ New ☐ Revised Re-Order

☐ Files Emailed ☐ Files Uploaded to DropBox (File Name) _____

Title/Description: _____

Quantity: _____

Special Instructions:

☐ **Deliver to:**

_____
(Name)

_____
(Department)

_____
(Building/Room)

☐ **Pick-up**

☐ USR 158 (**Office hours:** 7:30 AM – 4:30PM)

☐ Mitchell B31 (**Office hours:** 8:30 AM – 3:30PM)

PRINTING & COPYING

SPECS

Size: _____ X _____ ☐ Booklet

Pages: _____ **Pages:** _____ ☐ Plus Cover ☐ Self-Cover

Ink: ☐ Color ☐ Silver (digital only) ☐ One side

☐ Black ☐ PMS _____ ☐ Two sides

STOCK

Weight:

☐ 20# ☐ 28# (digital smooth) ☐ 60# ☐ 65# ☐ 70# ☐ 80# ☐ 100#

☐ Text/Bond/Offset ☐ Cover ☐ Other

Finish:

☐ Uncoated ☐ Matte ☐ Gloss

Color:

☐ White ☐ Other_____

BINDERY

☐ Saddle Stitch
☐ Perfect Bind
☐ Side Staple
☐ Left Corner Staple
☐ Plastic Coil Bind
☐ Comb Bind
☐ 3 Hole Punch
☐ Perforate

Fold to:

☐ Pad/glue - Location: _____

_____ Sheets per pad/set

_____ No. pads/sets

WIDE FORMAT PRINTING

Size: _____ X _____

☐ Photo Paper
- ☐ Laminate
- ☐ Mount on Foam Core ☐ White ☐ Black

☐ Retractable Banner
- ☐ Standard Base
- ☐ Premium Base
- ☐ Mini (Table Top)
- ☐ Banner Only (No base)

☐ Vinyl Banner
- ☐ Finished Edges
- ☐ Grommet ☐ Top ☐ Bottom ☐ Sides

Other Options
- ☐ Window Cling ☐ Vinyl Sticker
- ☐ Window Perf ☐ Floor Graphic
- ☐ Wall Graphic ☐ Magnet

Contact Print & Copy staff to discuss materials and options.

DO NOT WRITE BELOW THIS LINE
FOR BILLING USE ONLY

RES. CODE	NO. OF ORIG.	QTY/TIME	PROD. CODE

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☐ **I have read and understand.** **(Box must be checked)**