UNIVERSITY OF
CENTRAL MISSOURI
CENTER FOR
PRINT PRODUCTION

JOB ORDER

Phone: 660-543-4484
Fax: 660-543-8336

Job # _____ Date ordered ____/____/____ Date needed ____/____/____

Description of work _____
(NOTE: envelopes and other related pieces must each have a separate job order provided)

Reprint: ❑ Yes ❑ No   Previous Job # / Form # _____

Person requesting job _____ Phone _____

Dept./Organization _____

Quantity _____   May reprint at a later time? ❑ Yes ❑ No

Deliver job to _____
PERSON   BUILDING & ROOM

Invoice to _____
PERSON   ADDRESS

Budget # _____ 790070 _____

Budget #_____ 790070 _____

Approved by _____ TOTAL COST $ _____
SIGNATURE MUST BE LEGIBLE

# of pages _____ Flat size _____ Finished size _____

Proof by: _____
PERSON   PHONE NUMBER

PAPER TYPE _____ ❑ **VARIABLE DATA**

INK: ❑ Black ❑ Red/Black ❑ Process ❑ Special _____
(Specify)

COVER (If Different) _____

INK: ❑ Black ❑ Red/Black ❑ Process ❑ Special _____
(Specify)

SPECIAL FINISHING INSTRUCTIONS:
_____
_____
_____
_____

MAILING: ❑ Permit   Qty. with: _____ Qty. without: _____
❑ Non-profit   ❑ First class   ❑ Presort

FILE INFORMATION:

Electronic File Name(s) / Location(s): _____
_____
_____

Platform: ❑ Mac ❑ PC Software Version _____

Saved as: ❑ AI ❑ INDD ❑ PDF ❑ JPG ❑ TIFF ❑ EPS ❑ Other: _____

Created by _____
PHONE NUMBER

Additional Notes: _____
_____
_____