

DESIGN **WORK ORDER** # _____

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UCDAVIS
ARTS ADMINISTRATIVE GROUP
Design Services

LEAD CONTACT: _____ ALTERNATE CONTACT: _____
PHONE: _____ E-MAIL: _____
DEPARTMENT: _____ DATE SUBMITTED: _____
PROJECT TITLE: _____ DUE DATE: _____
BUDGET APPROVAL: _____ ACCT. NUMBER: _____

REQUEST FOR

GRAPHIC DESIGN ☐ PRINTING ESTIMATES ☐ PROJECT MANAGEMENT ☐ EDIT EXISTING PROJECT ☐ SCANNING ☐ OTHER: _____

SCOPE OF PROJECT

AUTOMATED PDF ACTIONS **PRINT** PDF FORM: **EMAIL** PDF FORM: **CLEAR** PDF FIELDS:

INTERNAL USE									
INKS:		QUANTITY:		PAGE COUNT:		DIMENSIONS FLAT:		FINISHED SIZE:	
PAPER TYPE:		PAPER COLOR:		PRINTER:		DATE SENT:		COST:	
IMAGES TO BE PURCHASED:									
(MUSIC COPIER) IMPRINTS: BW: COLOR:									
PROOF #	SENT:	PROOF #	SENT:	PROOF #	SENT:	PROOF #	SENT:		
PROOF #	SENT:	PROOF #	SENT:	PROOF #	SENT:	FINAL APPROVED BY:			