GOLDEN WEST COLLEGE
GRAPHICS SERVICES

WORK REQUEST

Job Number

DEAN/MANAGER APPROVAL (IF REQUIRED)

SIGNATURE

COPY CARD NO._____ REQUESTOR_____ E-MAIL_____

PHONE #_____ DEPARTMENT/DIVISION_____

TITLE OF WORK _____

PRINTING INSTRUCTIONS

DATE STAMP

NO. OF SIDES	NO. FINISHED SETS	PRINT
		Select One

FINISHED PAPER SIZE
Select One _____

DESCRIPTION OF WORK

Select One Special Instructions_____

PAPER TYPE

Select one and/ or None and/ or None Other

PAPER COLOR

Select one and/ or None and/ or None

INK COLOR

☐ Black and/ or ☐ Color None PMS # and/ or ☐ Color None PMS #

BINDERY SERVICES

None ☐ Cut to (if not listed)_____

OFF-CAMPUS BINDERY SERVICES

None ☐ Saddlestitch ☐ Red Numbers (starting at _____) ☐ Perforate ☐ Other _____

GRAPHICS COMPOSING/DESIGN

Services Needed: ☐ Paste-up ☐ Design ☐ Signs ☐ Lamination ☐ Dry Mount ☐ Change to existing form/flyer/etc.
☐ Paste on Black Letterhead Other_____

I Will Proof: Select One Fax Number _____ Date Proofed _____ Init. _____

Special Instructions: _____

Compose/Design

Init: _____ Date(s)_____ Total Time Spent_____ Filename_____
Init: _____ Date(s)_____ Total Time Spent_____ Filename_____

Camera/Stripping/Plate Making

Init: _____ Date(s)_____ Total Time Spent_____
Init: _____ Date(s)_____ Total Time Spent_____

Press (set-up and printing)

AB DICK CHIEF FUJI HAMADA OCÉ _____up Init: _____ Date(s)_____ Total Time Spent_____
AB DICK CHIEF FUJI HAMADA OCÉ _____up Init: _____ Date(s)_____ Total Time Spent_____

Bindery

Init: _____ Date(s)_____ Total Time Spent_____
Init: _____ Date(s)_____ Total Time Spent_____

Supplies	Quantity	Supplies	Quantity
Paper Type and Weight		Board	
Paper Size and Quantity		Lamination	
Paper Type and Weight		OTHER	
Paper Size and Quantity		Negs	
Ink		Flats	
Press Wash		Blueline	
Bindery		Metal Plates	
Total Mac Pages		Run Charges (Impressions)	
Scans		Off-Campus	
		TOTAL	