

UTRGV PRINT SERVICE REQUEST FORM

E-mail: print_svcs@utrgv.edu • Website: <http://utrgv.edu/printservices>

Brownsville Office: (956) 882-3835 Edinburg Office: (956) 665-2272 • (956) 665-5252 • (956) 665-3207

OFFICE USE ONLY

CUSTOMER INFORMATION

Account #: _____ Date Needed By: _____

Department _____ Phone _____

Contact Person _____ email _____

☐ Customer pick-up ☐ Deliver to: _____ Building _____ Room # _____

Campus:
☐ Brownsville
☐ Edinburg
☐ Harlingen

Project submitted via: ☐ CD/DVD ☐ E-mail ☐ Shared file ☐ Sample provided
☐ Other _____

Project Manager's Signature: _____ Date: _____

Print Name: _____

DIGITAL COPYING

☐ Black ☐ Color copies

Quantity _____ Size _____

Description _____

☐ One-sided ☐ Two-sided

☐ Black ☐ Color copies

Quantity _____ Size _____

Description _____

☐ One-sided ☐ Two-sided

OFFSET PRINTING

Description _____

Quantity _____ Finished Size: _____

☐ One-sided ☐ Two-sided Number of pages _____

Paper(s) (kind & weight) _____

Ink color(s) _____

LARGE FORMAT PRINTING

Quantity _____ Size _____

Description _____

☐ Vinyl ☐ Matte

Grommets ☐ No ☐ Yes Quantity _____

Banner Stand ☐ No ☐ Yes

Style: _____

BINDERY

BINDING OPTIONS

☐ Comb bind ☐ Tape bind (copier only) Beginning # _____

☐ Spiral binding ☐ Saddle stitch Ending # _____

NUMBERING

FOLDING



☐ Single



☐ Letter



☐ Z-fold

DRILLING



☐ 3 hole

PAD

☐ 50/pad

☐ 100/pad

LABELING / MAILING OPTIONS

Mailing Date _____

☐ Sort and bundle for mailing.

☐ Non-profit ☐ 1st class

☐ Business Reply

☐ Hand Label ☐ Tab

Department must supply labels and tabs

Date Completed: _____

Subtotal: _____

Tax: _____

Received By _____ Date _____ Total Amount: _____

SPECIAL INSTRUCTIONS

NOTE: In order to process your job, all areas that apply must be completed. Send this form to the Print Shop along with the file and sample print out.

Receipt will be sent to Contact Person's email.