

DESIGN REQUEST FORM

\*Please fill out ALL requested information

PROJECTS REQUIRE AT LEAST TWO WEEKS PRODUCTION TIME

\*Client \_\_\_\_\_

\*Org/Acct. # \_\_\_\_\_

\*Signature \_\_\_\_\_

NOTE: INACTIVE ORGS/FUNDS OR NOT DATA-ENTERABLE WILL BE CHARGED BACK TO YOUR HOME LABOR ACCT.

\*Department \_\_\_\_\_

\*Phone # \_\_\_\_\_

\*Bldg/Rm # \_\_\_\_\_

\*Media (Please check box)  Bus Cards  Letterhead  Envelopes  Other

\*Job / Details \_\_\_\_\_

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\_\_\_\_\_

\*Paper Size: FINISHED \_\_\_\_\_ PARENT \_\_\_\_\_

\*Quantity \_\_\_\_\_ \*Ink Colors:  BW  CMYK

\*Paper Color/Stock \_\_\_\_\_

\*Paper Weight \_\_\_\_\_ lbs.  Text  Cover  Bleed \_\_\_\_\_

\_\_\_\_\_ Up /  One Side  Two Sides \*Number of Pages \_\_\_\_\_

Fold \_\_\_\_\_  Score \_\_\_\_\_  Perf \_\_\_\_\_

FOR OFFICE USE ONLY Revised 10.1.13

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OMC JOB NUMBER

Designer \_\_\_\_\_

Date received from client \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date approved by client \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date artwork sent to printer \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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COPY CENTER JOB NUMBER

PDF sent to copy center/db

Stock Photography

TOTAL