

DESIGN REQUEST FORM

*Please fill out ALL requested information

PROJECTS REQUIRE AT LEAST TWO WEEKS PRODUCTION TIME

*Client Name _____

*Organization / Account # _____

*Signature (hand signature required) _____

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

*Department _____

*Building / Room # _____ *Phone # _____

*Media Requested (check all that apply)

- Business Cards Letterhead Envelopes Postcard Brochure Ad Poster Other

*Job / Details

BUSINESS CARD / LETTERHEAD INFORMATION

Complete this section if ordering business cards, letterhead, envelopes, etc.
Enter the information exactly as it should appear on printed material.

*Full Name _____

*Title _____

*Department _____ Building / Room # _____

*City/State/Zip _____ *Work Email _____

*Office Phone # _____ Cell (optional) _____ Fax (optional) _____

*Due Date _____ (Note: Project revisions, printing, etc. may increase production time.)

*Quantity _____ Paper Size _____ Printing: B&W CMYK (color)

FOR OFFICE USE ONLY Revised 09.14.15

OMC JOB NUMBER

Designer _____

Date received
from client _____

Date approved
by client _____

Date artwork
sent to printer _____

PO#

PDF sent to Copy Center

Stock Photography

TOTAL