

OFFICE OF MARKETING & COMMUNICATIONS

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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
*Paper Size: FINISHED PARENT
*Quantity *Ink Colors: □ BW □ CMYK
*Paper Color/Stock
*Paper Weightlbs. □ Text □ Cover □ Bleed
Up / 🗆 One Side 🗅 Two Sides *Number of Pages
□Fold□Score□Perf

OMC JOB NUMBER Designer		Revised 10.1
Date received from client/	OMC JOB NI	JMBER
from client// Date approved// Date artwork// COPY CENTER JOB NUMBER PDF sent to copy center/db Stock Photography	Designer	
Date artwork sent to printer// COPY CENTER JOB NUMBER PDF sent to copy center/db Stock Photography		//
COPY CENTER JOB NUMBER PDF sent to copy center/db Stock Photography	Date approved by client	_//
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