

Publication Services Printing Request

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DEPARTMENT		ACCOUNT NUMBER <i>(Required)</i>	
PERSON SUBMITTING REQUEST: Mr./Ms./Dr. (First Name, Last Name)			
ADDRESS		FAX NUMBER	TELEPHONE NUMBER
COMPLETION DATE REQUIRED (Please give exact date)		DATE SUBMITTED	
DESCRIPTION OF JOB (Sample Recommended)			<input type="checkbox"/> FILES E-MAILED
SIZE	NUMBER OF PAGES	QUANTITY	<div style="border: 2px solid black; padding: 5px;"> Does this mail? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, <input type="checkbox"/> First Class <input type="checkbox"/> Bulk <input type="checkbox"/> Tabs for mailing </div>
PRINTED: <input type="checkbox"/> One Side <input type="checkbox"/> Two Sides	TYPE OF PAPER (Bond, Heavy Weight, etc. Provide sample if available)		
COLOR OF PAPER	INK COLOR(S)		
<input type="checkbox"/> Copy from original <input type="checkbox"/> Needs Design <input type="checkbox"/> Add Logo		<input type="checkbox"/> Fax Proof <input type="checkbox"/> E-mail Proof	
FINISHING INSTRUCTIONS			
<input type="checkbox"/> COLLATE <input type="checkbox"/> STAPLE <input type="checkbox"/> FOLD: <input type="checkbox"/> Letterfold <input type="checkbox"/> Z fold <input type="checkbox"/> Half fold <input type="checkbox"/> Quarter fold <input type="checkbox"/> Heading in <input type="checkbox"/> Heading out <input type="checkbox"/> NUMBER From _____ To _____ <input type="checkbox"/> Pad (<input type="checkbox"/> Top <input type="checkbox"/> Side) No. of copies to each pad _____ No. of Pads _____			
BINDING <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Perfect Bind <input type="checkbox"/> Mount <input type="checkbox"/> Coil <input type="checkbox"/> Comb <input type="checkbox"/> Tape Bind <input type="checkbox"/> Perforate*		SHRINKWRAP No. per pkg. _____ <input type="checkbox"/> Individually	
LOCATION: <input type="checkbox"/> Deliver		<input type="checkbox"/> One Hole* <input type="checkbox"/> Three Hole* <input type="checkbox"/> Two Hole* <input type="checkbox"/> Five Hole* <input type="checkbox"/> Top <input type="checkbox"/> Side	
			<input type="checkbox"/> PDF FOR WEB
OTHER SPECIAL INSTRUCTIONS/REQUIREMENTS:			

*Requires sample