WORK ORDER—SPECIALTY PRINTING

INVOICE NO. _____

Date: _____

PLEASE TYPE/PRINT ALL INFORMATION.

ORDERING DEPARTMENT	PHONE EXT.	DATE NEEDED Please do not enter "ASAP"	NO. OF PAGES	QUANTITY

WORKDAY COST CENTER	WORKDAY ACCOUNT ID	GRANT ID	AMOUNT
	64010 64010		$
		SALES TAX	
		TOTAL	

FILE NAME/DESCRIPTION	ARTWORK PROVIDED BY	
	☐ Customer provided file Format: _____ E-mail to: _____ ☐ Typeset attached copy	Department of Printing use only: ☐ Proof sent: _____ ☐ Approved: _____ ☐ Printed: _____ Final poster dimensions: _____w X _____h

QUICK PRINT RESEARCH POSTERS	CUSTOM POSTERS	MOUNTED POSTERS	OUTDOOR SIGNS
Quick Print posters will be scaled to fit. Dimensions: ☐ 42″h ☐ 36″h ☐ Ready to print ***(No proof)*** Stock: ☐ Satin paper ☐ Matte paper ☐ Fabric Finishing: ☐ Poster tube ***Note: When requesting a proof, approval is required to print.***	Dimensions: _____w X _____h Stock: ☐ Satin paper ☐ Matte paper ☐ Fabric Finishing: ☐ Laminated (paper only) ☐ Poster tube	Dimensions: _____w X _____h Stock: ☐ Matte ☐ Semigloss Finishing: ☐ Laminated	Dimensions: _____w X _____h Stock: ☐ Metal ☐ Corrugated plastic/vinyl ☐ With wire stake ☐ Without wire stake

DISPLAY BANNERS	POP UP DISPLAY BANNERS	DECALS/WALL GRAPHICS	CUSTOM
Dimensions: _____w X _____h Stock: ☐ Outdoor vinyl Finishing: ☐ With grommets ☐ Without grommets	☐ Purchase stand ☐ Replace previously installed banner with new banner ☐ Swap 2 previously printed banners Stock: ☐ Vinyl ☐ Fabric ☐ Film	Dimensions: _____w X _____h Stock: ☐ Permanent white vinyl ☐ Gloss ☐ Matte ☐ Clear vinyl ☐ Static cling (suitable for glass) ☐ Wall cling (suitable for sheetrock) ☐ Vinyl ☐ Fabric Finishing: ☐ Cut ☐ Custom cut ☐ Laminated (vinyl only)	Dimensions: _____w X _____h Stock: _____

A minimum of two days is required for processing, pending approval. Any additional work required for printing will be charged at the standard rate. After three proof notifications, the order will be billed for the design fee. **We reserve the right to change size to eliminate waste.** We cannot be responsible for customer-provided items. If custom stock is required, the Ordering Department accepts responsibility for payment. In the event that the order is incorrect, you have 30 days to request a reprint. Payment method: check/cash or departmental account. For departmental accounts the Workday Cost Center is required. If using a grant, the Workday Cost Center and the Grant ID are required. The grantholder must approve the Work Order—Specialty Printing form before submitting the order. **Orders should be submitted to printingorders@umc.edu.**

ACKNOWLEDGEMENT OF RECEIPT

Signature below acknowledges receipt of items in my presence in the quantity as indicated above.

_____ _____

Name (please print) Date

_____

Signature

CONTACT INFORMATION

Person authorized to sign on account (Name on signature card in Accounting):

Name: _____

E-mail: _____ Phone: _____

E-mail proof to: _____

Person to call when printing is ready:

Name: _____ Phone: _____

☐ Deliver to room no: _____ Building: _____

Credit department approved by:

Printing—CC10111— _____ Date: _____

Charge department approved by:

_____ Date: _____

Revised 7/19