

UTHSC Printing & Copy Center

INVOICE #

Print Request

Printing and Copy Center
910 Madison Avenue Suite C20
Memphis, TN 38163
Phone: 901-448-5553 Fax: 901-448-5316

PUBLICATION #

Printing Copying Graphics

official use only

Account # _____

Date Needed: _____

Department: _____

Delivery Address: _____

Contact: _____

Email: _____ Phone: _____ Fax: _____

Please provide all information necessary to complete this order: artwork, previous samples and new copy (including digital files). For processing, all copies of Print Request must be attached when ordering.
To the best of my knowledge, this print request does not infringe in any way upon the copyright laws.

Quantity: _____ Number of Pages: _____ 1-Sided 2-Sided

Description/Instructions: _____

SIZE: 8.5x11 8.5x14 11x17 Poster: _____ Other: _____

WEIGHT: 20# 24/60# 70# 80# Cover 100# Cover 110# Cover Other: _____

COLOR: White Canary Pink Blue Green Salmon Goldenrod Buff Natural Gray Other

FINISHING: Spiral Bind Coil Bind Tape Bind Shrink Wrap

Punch _____ 2HP at top _____ 3HP left side Other _____

Saddle Stich Staple: Location _____ Pad: _____ per pad

Fold: _____ 1/2 _____ Letter _____ Label _____ Tri Other: _____

Number From: _____ To: _____ Ink Color: Black Orange

Department Head or
Responsible Investigator Signature: _____

JOB COST _____

THANKS FOR YOUR ORDER. WE APPRECIATE YOUR BUSINESS.

SALES TAX _____

TOTAL COST