Hamilton

Print Shop Service Request Form

Email: printshop@hamilton.edu • Phone: 315.859.4627

____Copy Service ____Printing Service

C&D Print Order # _____

Date In _____ Date & Time Needed _____

Please do not use ASAP -- Use a date and time.

Number of Originals _____ Number of Copies*_____

(Count 2-sided original as 2 originals.) *If Multi-up Final Total After Cut _____

Description of Material to be Copied or Printed: _____

Please include a sample when possible.

Black Ink Copies Color Copies Printing: (PMS Ink Colors)_____

Size: ____8.5 x 11
____8.5 x 14
____11 x 17
____Other:
_____

Paper: ____white
____Strathmore natural white (resume)
____Strathmore bright white
____Strathmore generic letterhead
____3-hole
____Other: (Colors, Shells or Special Stock)
_____

Envelopes: ____#6.75
Sold in Boxes of **500*
____Monarch
____#9
____#10
____9x12
____Other:
_____

Card: ____White
____Strathmore __ 80# __88#
____Other: (Colors)
_____

Misc: ____Transparency
____33-Up Labels
____MacTac
____NCR: ____2pt. ___ 3pt.

Finishing: ____One-Sided ____Two-Sided
____To be enlarged _____% ____To be reduced _____%
____Collated ____Uncollated
____To be folded: ____1/2 ____1/3 ___**Z** or ___**C** (In)____Other _____
____To be stapled: ____Single ____Double ____Saddle
____To be cut:____1/2 ____1/3 ____1/4 ____***Final Size:*** _____
____To be bound:____Spiral ____Tape
____To be padded: # of pads: _____ # of sheets per pad: _____ ____NCR
____Typesetting/Design: _____ ____Needs Changes
____Scanning: _____ ____Set-Up:_____
____To be taken to the Mail Center
____Misc.: _____ $_____

Special Instructions

Sent: _____Netagent _____Hold _____DPM _____Color

TO MY KNOWLEDGE, THE MATERIAL TO BE COPIED OR PRINTED FALLS WITHIN THE GUIDELINES OF THE HAMILTON COLLEGE COPYRIGHT POLICIES.

Signed _____

Person Placing Order_____ Phone_____ *(or)* E-mail _____@hamilton.edu

Dept./Organization to be Charged _____ Account # _____

Required

___Personal Charge - Sub-Total $_____

____Cash Tax (or T.E. #)_____

____Check Total: $$0.00

Please make checks payable to *Trustees of Hamilton College*
Mail Payment to: Hamilton College Print Shop, 198 College Hill Road, Clinton, NY 13323

For Print Shop Use Only:

Charges: $_____4110; $_____4595; $_____ Color Copier; $_____ Typesetting/Design;

_____ Offset Plates $_____; $_____ Press; $_____ Ink; $_____ Stock; $_____ Set-Up;

$_____ Finishing: ❒ Hand ❒ Copier ❒ Folder ❒ Vario; $_____ Scanning; **Misc.** $_____ Describe:_____

Sub Total: _____ 10% Spoilage Charge $_____ **YOUR ACCOUNT WILL BE CHARGED** $_____

❒ 4110 ❒ 4595 ❒ Color ❒ 1650 ❒ 9995 ❒ Other _____ Operator's Initials: _____ Date Completed: _____