

Hamilton College Print Shop Service Request Form

Email: printshop@hamilton.edu • Phone: 315-859-4626

Please allow at least **24 hours** for copy jobs and at least one week for printing orders.

Digital Copy Service Offset Printing Service

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 Materials: _____

Please include a sample when possible.

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

Size: 8.5 x 11 **Paper:** white
 8.5 x 14 (Text) Strathmore natural white (resume)
 11 x 17 Strathmore bright white
 Other: _____ Strathmore generic letterhead
_____ 3-hole
_____ Other: (Color, etc.) _____

Card: White Glossy
(Cover Stock) Strathmore __ 80# __ 88#
 Color: _____

Misc: Shells
 33-Up Labels
 MacTac
 NCR: 2pt. 3pt.
 Binder Tabs
 Other: _____

Envelopes: (Sold in Boxes of 500)
 6.75 A-2
 Monarch A-6
 #9
 #10 Window
 6 x 9 Tinted
 9 x 12
 Other: _____

Finishing: One-Sided Two-Sided Enlarge _____ %
 Collated Uncollated Reduce _____ %
 Folding: 1/2 1/3 Z or C (In) Other _____
 Staple: Single Double Saddle
 Cut/Trim: 1/2 1/3 1/4 Final Size: _____
 Binding: GBC Tape _____
 Padding: _____ # of pads _____ # of sheets per pad NCR
 Typesetting/Design: _____ \$ _____
 Scanning: _____ \$ _____
 Lamination: Size: _____ x _____ x Qty.: _____ \$ _____
 To be taken to the Mail Center
 Misc. Supplies: _____ \$ _____
 Proof: _____ \$ _____

Special Instructions

Sent: Black/White DPM Color PS-DB

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 # _____

Personal Charge Sub-Total: \$ _____

Required

Cash Check # _____ Tax: (or T.E. #) _____

Please make checks payable to: Trustees of Hamilton College

HillCard # _____ Total: \$ _____

Mail Payment to: Hamilton College Print Shop, 198 College Hill Road, Clinton, NY 13323

For Print Shop Use Only:

Charges: \$ _____ Black/White **Printing:** _____ (#) Offset Plates \$ _____
\$ _____ Color Copier Press \$ _____ Set-Up \$ _____
Design: \$ _____ (and Typesetting) Ink \$ _____ Stock \$ _____
Binding: \$ _____ GBC Tape **Sub-Total:** \$ _____ +10% Spoilage \$ _____
Finishing: \$ _____ Hand Copier Cutter Folder Vario Score/Perf Other: _____
Scanning: \$ _____ **Lamination:** \$ _____ **Misc. Supplies:** \$ _____ (_____)

Date Completed: _____ Operator's Initials: _____ ACCOUNT WILL BE CHARGED \$ _____