



Hamilton

Print Shop Service Request Form

E-mail: printshop@hamilton.edu • Phone: 315-859-4627

D110 / 4110 Order # _____

Copy Service 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 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) Shells _____

Misc: Transparency

33-Up Labels

MacTac

NCR: 2pt. 3pt.

Binder Tabs

Finishing: One-Sided Two-Sided Enlarge _____%

Collated Uncollated Reduce _____%

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: _____ \$ _____

Scanning: _____ Set-Up: \$ _____

Lamination: Size: _____ x _____ Qty. \$ _____

To be taken to the Mail Center

Misc.: _____ \$ _____

Proof: _____ \$ _____

Special Instructions

Sent: Netagent 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: \$ _____ 4110; \$ _____ D110; \$ _____ Color Copier; \$ _____ Typesetting/Design;

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

Finishing: \$ _____ Hand Copier Folder Vario; Binding: \$ _____ GBC Tape \$ _____ Scanning;

\$ _____ Lamination; Misc. \$ _____ Describe: _____

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

4110 D110 Color Copier 1650 9995 Other _____

Operator's Initials: _____ Date Completed: _____