



Graphic Arts

Please allow 3 to 7 working days lead time

PRINT TICKET

Date Ordered _____

Due Date _____

Copyrighted material will not be reproduced without attached copy of written permission from the publisher/author!

School / Department _____ Contact Person _____ Phone/Ext. # _____

Title of Job Submitted _____

Account # _____ Administrator's Signature _____

P R I N T I N G	# Copies / sets needed _____ # of originals _____ (Please count, 2 sided equals 2 originals). (1 Print Ticket per copies/sets needed)
	Paper Color _____ <input type="checkbox"/> Bond <input type="checkbox"/> Index NCR Sets: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 2 Sided
	<input type="checkbox"/> Electronic/Digital File/e-mailed <input type="checkbox"/> Disk Provided
	Finished Size(Check one) <input type="checkbox"/> 4 1/4 x 5 1/2 <input type="checkbox"/> 5 1/2 x 8 1/2 <input type="checkbox"/> 8 1/2 x 11 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> 11 x 17
	<input type="checkbox"/> Color Ink _____ <input type="checkbox"/> Laser Safe <input type="checkbox"/> Color Copies

B I N D E R Y	<input type="checkbox"/> Pad <input type="checkbox"/> 3 H.P. Staple <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Collate <input type="checkbox"/> (Mailing # _____)
	<input type="checkbox"/> Folding (# of folds _____) <input type="checkbox"/> Cutting (# of cuts _____) <input type="checkbox"/> Score <input type="checkbox"/> Perforation
	SPECIAL INSTRUCTIONS _____ _____ _____

PRINT SHOP USE ONLY

JOB TICKET # _____

RECEIVED _____

Sheets Used _____

Impressions _____

Printing _____

Bindery _____

Shipping _____

of Boxes _____

Please allow 3 to 7 working days lead time

Planning a project?

Call Graphic Arts

949.234.9483

949.234.9484

For assistance in planning.

TOTAL _____