UTD Printing Services
Reproduction Request
Please attach sample or dummy

Please note required (*) information
Today’s date
EXHIBIT E13
Date needed
Try to allow ten working days for completion of work

File Neg/Plate for ___ months. *
*If left blank, we assume it is dated material and will not be reprinted.
Authorized signature for budgeted acct * (Sign Name)

Originator ______________________ Mail Station ______________________ Ext.: ________ Dept. ________

Job description and title: __________________________________________
Fax#: ______________________ Disability Statement needed?  □ Y  □ N
Equal Opportunity Statement needed?  □ Y  □ N
Self Mailer?  □ Y  □ N  If No, see if you have enough env.
□ 1 sided  □ 2 sided
□ New  □ Revised  □ Reprint (no changes)

Quantity  ______________  * Original size:  ______________  * Previous Job #  ______________

Instructions:
□ Dummy included  □ Camera Ready

Instructions:
□ Stat (PMT, CopyProof)  □ Blueline Requested  □ Laser Copy
□ Disk enclosed for disk-to-negative output (Be sure to include hardcopy and dummy)
□ PC Disk  □ MAC Disk  □ Program used ______________________

Printing Services Customer: Your regular printing schedule allows one day for proofing. Delay will occur if held longer.

No. of colors  ____  □ This job will be run through a laser printer  □ 4-color process  *PMS=Pantone Matching System

Ink:  □ Black  □ UTD Green  □ UTD Orange  □ PMS*  ____  □ PMS*  ____  □ PMS*  ____

Instructions: _________________________________________________

Paper Selection:  □ Letterhead (Black Ink only)  □ 3-color letterhead

Weight (Cover or Text)  □ COVER  □ BRANDED  □ STANDARD  □ OTHER

TYPE/BRAND OF PAPER  □ COVER  □ INSIDE  □ OTHER

COLOR  □ Cover  □ Inside  □ Other

□ Carbonless  □ 2 part (W.,Y)  □ 3 part (W.,Y,P)  □ 4 part (W.,Y,P,Go)  □ 5 part (W,Gr,Y,P,Go)

□ Envelopes: Type: □ Window  □ Regular  □ Other  □ Color: ______________

□ Size: 9  10  A2  A6  6X9  6.5X9.5  9X12  Other: ______________

Bindery (Attach sample of finished item)  Size of finished item:

□ collate  □ staple upper left  □ pad: ______ sheets per pad
□ staple upper right  □ pad at: □ top □ left □ right
□ saddle stitch & fold  □ fold: □ letter fold  □ accordion “Z” fold  □ double parallel fold
□ side staple  □ letter fold  □ side fold  □ center fold
□ drill: ______ hole  □ GBC (spiral) bind  □ final size  ______________
□ cut: cut size: ______________  □ perforate: location  □ perfect bind (like catalogs)

□ numbering/start#  □ shrink wrap: ______ sheets/pkg.

□ Ink Color  □ Red  □ Black

Delivery completed work to: (Name) ______________  Bldg.  __________  Rm#  __________
Alternate Contact: (Name/Address) _________________________________________________

Special Instructions: ____________________________________________________________

Billing
Total ______

CS:355.1 (10/98)  Originator keeps gold copy of the form - Top 3 copies and sample, send to SB12.