

UTD Printing Services Reproduction Request

Please attach sample or dummy

Today's date EXHIBIT E13

Date needed _____

Try to allow ten working days for completion of work

* Please note required (*) information

Estimate # _____

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)

(Please Print Name)

Acct No: _____

* 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 # _____

Design/Paste Up

Instructions: _____

Dummy included Camera Ready

Camera/Stripping

Instructions: _____

Stat (PMT, CopyProof) Blueline Requested Laser Copy Please include screen and printer fonts.

Disk enclosed for disk-to-negative output (Be sure to include hardcopy and dummy) Label disks w/name of program and your name.

PC Disk MAC Disk Program used _____

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

Ink

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)	TYPE/BRAND OF PAPER	COLOR

Cover
 Inside
 Inside

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 Color: _____

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

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

collate pad: _____ sheets per pad final size _____

staple upper left _____ pad at: top left right GBC (spiral) bind

saddle stitch & fold _____ fold - printing inside if 1 sided Perfect bind (like catalogs)

side staple _____ letter fold score

drill: _____ hole accordion "z" fold perforate: location _____

cut: cut size: _____ double parallel fold shrink wrap: _____ sheets/pkg.

center fold numbering/start# _____

Ink Color Red Black

Delivery

Deliver completed work to: (Name) _____ Bldg. _____ Rm# _____

Alternate Contact: (Name/Address) _____

Special Instructions: _____

Billing
Total _____

PS Job No. _____
Rec'd _____