Printing Services Request

 Submit THREE copies to Printing Services or email request to: “ WSDOT Printing Services”

|  |  |  |  |
| --- | --- | --- | --- |
| Date Submitted      | Date Required Time of Day             |  | Order No.  |
| Ordered by (First & Last Name)           | Phone | Call When Ready – Will Pick up **[ ]** Deliver to Rm.       (Hdqts. Bldg. Only)Mail to:                        Mail Stop:       |
| Office/Region/Agency      | Mail Stop |
| Accounting Information **\*\*Charge Codes are Required Prior to Printing \*\*** |  |
| Work Order | Group | Work Op. | Cntrl Sec | Org Code |
|       |       |       |       |       |
|       |       |       |       |       |  InitialsDate Mailed |
| Request Copy of Billing **[ ]**  | AMOUNT $ |

 **Please check requested services:**

|  |  |  |
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| **[ ]**  B/W Copies**[ ]**  Color Copies**[ ]**  Bindery**[ ]**  CD Replication - Case Type:  | **[ ]**  Wide Format B/W **[ ]**  Paper **[ ]**  Mylar**[ ]** Wide Format Color  **[ ]**  Presentation **[ ]**  Matte**[ ]**  Transparencies  | **[ ]**  Scanning   **[ ]**  PDF **[ ]**  JPG **[ ]**  TIF**[ ]**  OCR PDF File**[ ]**  CD **[ ]**  Email **[ ]**  Server**[ ]**  Other Services:   |

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| --- |
| **Title of Job Submitted:**  Job Type: **[ ]**  New **[ ]**  Revised **[ ]**  Stored Reprint Job #  |
| Copying/Printing Services | **[ ]**  Check if job submitted electronically to: Docutech **[ ]**  Splash **[ ]** File Name:  **[ ]** Sample Provided **[ ]** Proof Required |

|  |  |  |  |
| --- | --- | --- | --- |
| Copies Needed      | Size or %Size 1: Size 2:  orPercent :   | **[ ]** One Sided**[ ]** Two Sided **[ ]** Print/Assemble Per Orig. | Finishing Work |
| Collating Options: Stapling Options:  |
| Paper WeightIf other, please specify      | Color of StockIf other, please specify      | Inserts:**[ ]** Color Cover**[ ]** Color Pages**[ ]** 11 x 17 Foldouts**[ ]**  1/5 White Tabs**[ ]**  Other (please specify)   | Portrait Landscape Dual Saddlestitch (staple on fold)   Drilling/Punch Options:Binding Options: Shrink wrap per pkg.Laminate Padding Options: (Select edge and amount per pad)Padding edge: Amount:  Other:      Chipboard  |
| Cover Type & ColorIf other, please specify     Clear Plastic Front Back Cover  | Color Copy Cover sent electronic to “Splash: File Name:       |
| Special Instructions:       |  | Folding Options:    1/3 1/2 “Z” foldCutting **x**  (Finished Size) |
|  |
|  Other:  |
|  |