

AFGE



AFGE Member Services Department Graphics / Reproduction Request Form

Project Name _____ Request Date ____/____/____

Requested by _____ Due Date ____/____/____

Authorized by _____ Department _____

(General Officer, when jobs exceed 500 or more copies)

All design and printing jobs are put into a workflow queue. Please be aware that all projects will be processed in the order in which they were received.

GRAPHIC DESIGN	Color <input type="checkbox"/> Black & white <input type="checkbox"/> Number of pages _____ Size _____	Job <input checked="" type="checkbox"/>	
	Original design <input type="checkbox"/> From existing template <input type="checkbox"/> Photos will be provided <input type="checkbox"/>		Flyer <input type="checkbox"/>
	Project description _____ _____ _____		Newsletter <input type="checkbox"/>
	Format requested: PDF <input type="checkbox"/> jpg <input type="checkbox"/> Printed <input type="checkbox"/> See box below for specifications		Report <input type="checkbox"/>
REPRODUCTION	Number of originals _____ electronic <input type="checkbox"/> hardcopy <input type="checkbox"/> Amount of copies _____ Fund to charge _____	Postcard <input type="checkbox"/>	
	Copies in color <input type="checkbox"/> black & white <input type="checkbox"/> Paper regular <input type="checkbox"/> color <input type="checkbox"/>	Invitation <input type="checkbox"/>	
	Printed One sided <input type="checkbox"/> Two sided <input type="checkbox"/> Collate <input type="checkbox"/> Folded <input type="checkbox"/>	Logo <input type="checkbox"/>	
	Staple Corner <input type="checkbox"/> Side <input type="checkbox"/> Cut <input type="checkbox"/> Perforated <input type="checkbox"/>	Web graphic <input type="checkbox"/>	
	Punch 2 Hole <input type="checkbox"/> 3 Hole <input type="checkbox"/> Deliver to _____	Other _____	
	Special Instructions _____ _____ _____	Size	
		8.5" x 11" <input type="checkbox"/>	
	11" x 17" <input type="checkbox"/>		
	6" x 9" <input type="checkbox"/>		
	Other _____		
MAILING	Will this job require mailing? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please fill out mailing slip)	Bindery	
		One staple <input type="checkbox"/>	
		Two staple <input type="checkbox"/>	
		Coil <input type="checkbox"/>	
		Perfect Binding <input type="checkbox"/>	
		Hard copy proof	
		OK to print <input type="checkbox"/>	
		_____ Signature	
		____/____/____ Date	

..... **Printing Department section**

Machine used Xerox Offset Cost _____