

# PRINTING REQUEST

P•M•C Solutions - Print  
1580 W. Mitchell Street Fayetteville, Arkansas 72701  
Tel: 479-575-2404 Fax: 479-575-7420  
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UNIVERSITY OF  
ARKANSAS

Date Ordered \_\_\_\_\_

Requested Delivery Date \_\_\_\_\_

Department \_\_\_\_\_

Ordered by \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Purchase Order # \_\_\_\_\_ Cost Center # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Description \_\_\_\_\_

Quantity \_\_\_\_\_ Finished Size \_\_\_\_\_ x \_\_\_\_\_

Number of text Pages \_\_\_\_\_ Number of Cover Pages \_\_\_\_\_

Composition Type Required  Disk  Exact Reprint



STOCK Text Paper \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

Cover Paper \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_

INKS Ink Color Text (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Bleed \_\_\_\_\_

Ink Color Cover (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Bleed \_\_\_\_\_

Aqueous Coating Dull  Gloss  Varnish Dull  Gloss

### SPECIAL INSTRUCTIONS

BINDERY Collate  Sequence \_\_\_\_\_

Saddle Stitch  Perfect Bind  Cut  Round Corner

Fold  Score  Perforate  Punch  \_\_\_\_\_

Number  \_\_\_\_\_ to \_\_\_\_\_

Wrap  \_\_\_\_\_ per pkg. Pad  \_\_\_\_\_ per pad Top  Bottom  Left  Right

CUSTOMER DELIVER \*\*\* DELIVERY ADDRESS: (leave blank if same as billing address above.)

PICKUP  \*\*\*

**PURCHASING  
AUTHORIZATION**

# X

**THIS FORM MUST BE SIGNED.**

Bring all three copies of this form with your order.

DELIVERY  
RECEIPT

DATE

RECEIVED  
BY

REQUEST NO.

Estimated

P.O. Checked

Job No.

Init. \_\_\_\_\_

OFFICE USE ONLY

**PLEASE  
PROVIDE  
SAMPLE  
WITH  
ORDER.**