

FORMS

Design Services Work Request
Publications Design Office/State University of New York at New Paltz

Date request submitted _____

Date project needed _____

For an event _____

Project Name _____ Form # _____
 Department _____ Acct. # _____
 Contact Person _____ Phone # _____
 E-mail address _____ Fax # _____

Please refer to check list on back before submitting request to Publications, HAB 511

■ **Deliver to:** _____ *If project requires off-campus production, please provide/attach all relevant information: (e-mail address, vendor's specifications, etc.)*

■ **Design/Graphics requested**

new project update/revision replaces _____
 Other Information _____
 Target audience _____
 Message for the audience _____
 Response desired _____

Pieces requested: pamphlet/folded piece brochure/booklet poster/flyer program form
 invitation postcard envelope return envelope business reply envelope
 other _____

Distribution: Mailed: self mailer fit in envelope, size _____ standard (bulk) mail
 ship _____ to mail house: Name _____
or
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Fax # _____

Hand-out

This is a companion piece will be mailed with: _____

■ **Printing requested** **QUANTITY:** _____

Paper desired: bond offset cover text index NCR: 2 3 4 Paper Color _____

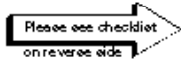
Authorization

Initiator _____ Date _____
 Dean or Office Head _____ Date _____
(authorized signature for account # above)
 Assistant to Vice President for Enrollment _____ Date _____
(for all recruitment materials)
 Director of Development _____ Date _____
(for all materials that include a solicitation for money and/or business reply to foundation)

Included:

hard copy (manuscript) with file name(s) in upper right-hand corner
 marked sample from previous printing
 photos
 digital file name: _____

e-mailed to: design@newpaltz.edu



1205 50-010

COPY CHECK LIST

outside front cover

- title
- SUNY New Paltz/logo
- date of issue/event
- sponsorship

outside back cover/mailling information

- account number (for postage recharge on first class mail)
- indicia for standard (bulk) mail*
- return address (include suite and zip + 4)
- change service requested (mailpiece disposed of)*
or
- address service requested (mailpiece forwarded or returned)*

***not sure if you need this?**

Contact the Mailroom, x 3122 or Administrative Services, x3270

text

- edited and approved manuscript
- captions for images/charts
- affirmative action statement*
- equal employment opportunity statement*
- ADA information
- privacy act information
- credits for photography, etc.

***not sure if you need this? not sure if you have the correct version?**

Contact Affirmative Action, x3293

Will this material be used on the web?

Contact Web Management, x3274

Proof Approval		Design Office/SUNY New Paltz		Job Number _____	
Project Name _____		Department _____		Contact Person _____	
				Phone # _____	
				Fax # _____	
<p>This is the final layout for your job. Check that everything is there and in the right order. Be sure to check for typos, hyphenation, paragraph breaks, headings, etc. Make any corrections in RED directly on the proof. Use proofreaders marks for clarity (see reverse).</p> <p>Check one box and sign in appropriate space. Return this and all materials to the Design Office of Publications in HAB 511.</p>					
PAGE PROOF # _____		<input type="checkbox"/> OK to print. (No corrections) <input type="checkbox"/> Make corrections marked in red and send proof.			
Date to contact _____		Signature _____		Date _____	
PAGE PROOF # _____		<input type="checkbox"/> OK to print. (No corrections) <input type="checkbox"/> Make corrections marked in red and send proof.			
Date to contact _____		Signature _____		Date _____	
PAGE PROOF # _____		<input type="checkbox"/> OK to print. (No corrections) <input type="checkbox"/> Make corrections marked in red and send proof.			
Date to contact _____		Signature _____		Date _____	
<small>12/05 50-011</small>					

Printing Services Work Request

Print Shop/SUNY New Paltz x2646

Date Request Submitted: _____

Needed for Event: _____

Project Title _____ Form # _____

Department _____ Acct. # _____

Contact Person _____ Phone # _____

File Name (for electronic submission) _____

File sent via e-mail (printshop@newpaltz.edu) disk P drive

Date Project Needed: _____

Confidential (please use security protocol)

Deliver to: _____

Exact Reprint (sample attached)

(If ANY Changes are needed, please use the Design/Graphics Work Request Form and submit to Publications, HAB 611)

QUANTITY _____ One side only Front and back
finished size (for no. of NCR sets)

Notes: _____

STATIONERY

LETTER-HEAD: generic dept. (sample attached) ENVELOPE (#10): generic dept. (sample attached)

PAPER	1st CHOICE COLOR	2nd CHOICE COLOR	FLAT SIZE	ENVELOPE
<input type="checkbox"/> Bond	_____	_____	<input type="checkbox"/> 8 1/2 x 11	<input type="checkbox"/> #9 (reply)
<input type="checkbox"/> Offset	_____	_____	<input type="checkbox"/> 8 1/2 x 14	<input type="checkbox"/> #10
<input type="checkbox"/> Text	_____	_____	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> #10 window
<input type="checkbox"/> Cover/Index	_____	_____	<input type="checkbox"/> other _____	<input type="checkbox"/> 6 x 9 booklet
<input type="checkbox"/> NCR: _____ <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			CUT IN	<input type="checkbox"/> 7 1/2 x 10 1/2 booklet
<input type="checkbox"/> Supplied by department (include extra for makeready)			<input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2	<input type="checkbox"/> 9 x 12 booklet
				<input type="checkbox"/> 10 x 13 booklet
				<input type="checkbox"/> 12 x 16 1/2 catalog

INK

ONE COLOR: Black _____ **TWO COLOR:** Black + _____ _____ + _____

BINDERY

- | | | | |
|---------------------------------------|------------------------------|---|---|
| <input type="checkbox"/> FOLD | > half | <input type="checkbox"/> PAD | <input type="checkbox"/> PLASTIC COIL |
| <input type="checkbox"/> type inside | < thirds (letter) | <input type="checkbox"/> COLLATE | <input type="checkbox"/> PLASTIC SPIRAL |
| <input type="checkbox"/> type outside | ↗ quarters (double parallel) | <input type="checkbox"/> STAPLE top left corner | <input type="checkbox"/> WIRE SPIRAL |
| Circle One: → | ↘ 11" accordion | <input type="checkbox"/> STITCH into booklet | <input type="checkbox"/> THERMOTAPE |
| | | <input type="checkbox"/> 3-Hole PUNCH | <input type="checkbox"/> LAMINATE |
| | | <input type="checkbox"/> PERFF | |

AUTHORIZATION

Initialed _____ Date _____ Authorized signature for account no. above if different _____ Date _____

BEFORE SUBMITTING YOUR ORDER: Check with Enrollment for all recruitment materials, Development for all materials that include a solicitation for money and/or business reply to the SUNY New Paltz Foundation, and Mailing Services for layout approval of standard (bulk) mail.

OFFICE USE ONLY	
Printing done on _____ by _____ (FR hours _____)	# sheets _____ x \$ _____ /sheet = \$ _____
	# sheets _____ x \$ _____ /sheet = \$ _____
	# plates _____ x \$ _____ /plate = \$ _____
Binding done on _____ by _____ (FR hours _____)	qty _____ x \$ _____ each = \$ _____
	qty _____ x \$ _____ each = \$ _____
Delivered on _____ by _____	TOTAL = \$ _____

LABOR (total FR hours _____ x \$12/HR) \$ _____
 FRINGE (32.82% of labor) \$ _____
 IF OVERHEAD (labor + \$ & 1/4 x 5.53%) \$ _____
IFR TOTAL \$ _____

1/05 56-009