DATE SUBMITTED

DATE REQUIRED

(Minimum of 10 Business Days Lead Time Required)



PRINT SHOP REQUEST FORM

PRINT SHOP USE ONLY
JOB NUMBER
DATE RECEIVED
DATE NEEDED
DATE COMPLETED
INT.

NAME OF REQUESTER: DEPARTMENT & CAMPUS: PHONE # OF REQUESTER: E-MAIL OF REQUESTER:					i) Total # of Orig. Pgs(count front & back for 2 sided original) ia) For slides or postcards only: # of slides/cards per page Originals are 2 sided? () Yes () No ii) # of Copies Needed iii) Copies: () 1 SIDED () 2 SIDED iv) Total Printed Pgs (i x ii) (For total printed slides/postcards: (ii / ia) x iii		
PERSON TO RECEIVE I			ODUCED:		BUILDING	ROOM	
() PAPER COLOR / TYPE () CARD / COVER COLOR	() 2 PART	SS	() COLLATE () CUT () FOLD () PAD () THREE HO		() STAPLE 1 () 2 LEFT SIE () BOOKLET () INSERT EN	DE NV.	
	OTHER SPECIAL IN	NSTRUCTIO	NS AND DELIVE	RY INFO	RMATION		
APPROVALS:			request. Print R	equests m	10 business days to comp oust be emailed to Printshop	@sunysuffolk.edu	
Signature of Requesting Department Head Date X			2. Development	of new forn	files of the material to be rep ns or edits to existing forms m fices / campuses using the for	ust be coordinated	
Signature of College Director of Publications Date X Signature of (Assoc.) Admin Dir. Of Bus. Operations Date			 the College Director of Publications before submission of Print Request. The Print Request Form must have necessary approval / signatures to avoid delays, including from the College Director of Publications for requests involving marketing materials. If the material requested can be used by another office, please contact that 				

office and list its requirements and delivery instructions.