

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



GRAPHIC DESIGN SERVICE REQUEST FORM March 2008

Job number _____

Date received in Graphics _____

Marketing and Public Relations MS 1015 • 501 N Riverpoint Blvd • PO Box 6000 • Spokane WA 99217-6000 • 509-434-5142

PLEASE READ AND FOLLOW THESE INSTRUCTIONS

- Fill out the form completely.
- Attach sample if available.
- Provide copy on disk single spaced or e-mail. All copy should be in Word, flush left (no columns or tables) and should not include any graphics.
- Call 434-5142 for cost estimates.

DELIVERY INFORMATION

- Deadlines for delivery may vary from one to three weeks after it is received in District Graphics.

Date needed _____

Providing an actual date helps us to prioritize jobs more efficiently than saying "ASAP."

Budget number _____

- SCC SFCC District IEL

Job Tracking Identifier _____

In order for you to track the Graphics fee charged to your budget for this job, submit an identifier of your choice (no more than five characters) that will appear in your Monthly Operational Expenditure Report. YOU are responsible for creating and remembering your Job Tracking Identifier.

CHOOSE ONE:

- New publication Reorder as is (attach sample) Reorder with changes

COMPLETE THIS SECTION TO HAVE YOUR REQUEST PLACED OR UPDATED ON THE INTERNET/INTRANET

- Create a new web link Update existing web link

Where would you like the link to be located:

- CCS Internet** at this location and/or link address _____
- CCS Intranet** at this location and/or link address _____
- Other** at this location and/or link address _____

Would you like the form created so that users can fill out information online? Yes No

Title of publication _____ Total quantity _____ PDF only

Requested by _____ Quantity with permit _____

Department _____ Phone _____ Quantity without permit _____

Proof to _____ MS _____ Intended distribution:

E-mail _____ Fax _____ on- and off-campus off-campus

Approved by _____ (appropriate administrator) _____ (IEL publications coordinator)

- Notify requester to pick up. Send finished order to _____ MS _____

Additional information _____

TO BE COMPLETED BY GRAPHICS

PROOFS	1	2	3	4	5
Proof out					
Proof returned					

B/W Color Fax PDF Other _____ Size _____

Output charges _____ Misc charges _____

Photo/Image purchase _____

File name _____

Date final out _____ To _____

Intra/internet PDF out _____ To _____

Additional information _____

Basic graphics fee	\$ _____
Additional proof fee	\$ _____
<input type="checkbox"/> PDF <input type="checkbox"/> Web	\$ _____
	\$ _____
TOTAL GRAPHICS FEE	\$ _____