

UI PRINTING DEPARTMENT (38)4-3700

electronic prepress form

We are unable to accept any electronic file without this form being properly filled out. Use one form for each file. **This form must be accompanied by a printout of the file (must be absolute latest composite version at 100% and separations reduced to fit).**

1. Name _____
Phone _____
University ID No. (*for personal charges*) _____
Department _____
Address _____

office use only

Job # _____
CSR _____ date _____
Job Completion Date _____
 approximate firm
To preflight date/time _____
File sent
 disk zip/jaz
 optical ftp print drop box
For Press Docutech SPO

2a. Fill in this section if you will be receiving **PRINTED MATERIAL** from your supplied files.

Software and version _____
Platform: Mac PC Other _____
File name _____
Page size: letter (8.5x11) legal (8.5x14) tabloid (11x17) custom (____ x ____)
Quantity _____ Bleeds yes no Inks _____
Special instructions _____

2b. Fill in this section if you are receiving the **OUTPUT** directly from your supplied files.

Quantity: _____ Page size: letter (8.5x11) legal (8.5x14) tabloid (11x17) custom (____ x ____)
Date/time needed: _____
Output:
 film silver laser
line screen _____ color seps needed? line screen _____
 negative emulsion up yes
 positive emulsion down no
office use only
Service
 premium good economy

Special instructions _____