

**CONTACT INFORMATION**

<b>NAME:</b>	<b>TELEPHONE:</b>	<b>BDO:</b>
<b>DATE SUBMITTED:</b>	<b>DATE DUE:</b>	
<b>TITLE / DESCRIPTION OF MATERIAL:</b>		

- Please complete the Contact Information section above.
- All staples must be removed when submitting a hard copy for scanning/reproduction.
- Documents to be scanned must be free of paper clips, staples, and post-it notes.
- Completion times vary depending on current workload - please speak with staff for an estimate of when your job will be ready.

**1. DIGITAL IMAGING / HARD COPY REPRODUCTION**

<b># OF ORIGINALS:</b> Qty: _____	<b>SCANNING:</b> <input type="checkbox"/> Digital File <input type="checkbox"/> Hard Copy	<b>INK SELECTION:</b> <input type="checkbox"/> Color <input type="checkbox"/> B&W	<b>STAPLE:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2	<b>PADDED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes # of Sheets per Pad: _____	<b>PROOF CHECK:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>COPIES PER ORIGINAL:</b> Qty: _____	<b>PRINT LAYOUT:</b> <input type="checkbox"/> One-Sided <input type="checkbox"/> Two-Sided	<b>ASSEMBLE:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>PUNCH:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>REDUCE MASTER:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Amount: _____	<b>PROOF CHECK APPROVED SIGNATURE:</b>
<b>TOTAL IMPRESSIONS:</b> Qty: _____	<b>PAPER SIZE:</b> <input type="checkbox"/> 8.5 x 11 <input type="checkbox"/> 8.5 x 14 <input type="checkbox"/> 11 x 17	<b>FOLDING:</b> <input type="checkbox"/> Half-fold <input type="checkbox"/> Tri-fold	<b>CUTTING:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>BINDING:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Type: _____	

**2. MAIL SERVICES**

<b>COUNT:</b> Qty: _____	<b>MACHINE INSERTING:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>INKJET ADDRESSING:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>DATA CLEANSING*:</b> <input type="checkbox"/> Exact Duplicate <input type="checkbox"/> Near Exact Duplicate <input type="checkbox"/> Other	<b>PROOF CHECK:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>*Allow 1-3 days for data cleansing processing.</p> <p><b>USPS</b> regulations require mailing addresses to be updated within previous 90 days of mailing to qualify for reduced postage rates.</p>
<b>COPIES PER ORIGINALS:</b> Qty: _____	<b>TOTAL # OF INSERTS (UP TO 6):</b> Qty: _____	<b>METERING:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>FOLDING:</b> <input type="checkbox"/> Standard Letter <input type="checkbox"/> "Z" <input type="checkbox"/> Half <input type="checkbox"/> Other	<b>PROOF CHECK APPROVED SIGNATURE:</b>	

**3. ELECTRONIC IMAGING**

<b>CDs/DVDs NEEDED:</b> Qty: _____	<b>LABEL NEEDED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>START PAGE NEEDED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>BOOKMARKS NEEDED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Qty: _____	<b>CDs/DVDs CASES:</b> <input type="checkbox"/> Jewel <input type="checkbox"/> Slim Line Jewel <input type="checkbox"/> Sleeve <input type="checkbox"/> Laminate – (size) <input type="checkbox"/> Plotter – (size)	<b>PROOF CHECK:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>PAGES SCANNED:</b> Qty: _____	<b>OCR NEEDED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>OUTPUT FORMAT:</b> <input type="checkbox"/> PDF <input type="checkbox"/> Other _____	<b>HYPERLINK(S) NEEDED:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Qty: _____		<b>PROOF CHECK APPROVED SIGNATURE:</b>

**SPECIAL INSTRUCTIONS**

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