

Print Unit



University of
St Andrews

Printing Request Form

Please complete Items 1-30 and use
BLOCK CAPITALS where applicable

1. Date	2. Date required	3. Job No	Pr <input style="width: 100%;" type="text"/>
4. Charge to Cost Centre OR Research Project N ^o	<input style="width: 100%;" type="text"/>	5. Detail Code	<input style="width: 100%;" type="text"/>
6. Analysis code (optional)	<input style="width: 100%;" type="text"/>	30. Extension No	<input style="width: 100%;" type="text"/>
7. Name and / or Dept. Order No	<input style="width: 100%;" type="text"/>		20. Collect <input type="checkbox"/>
8. Job title (e.g. poster, leaflet etc.)	<input style="width: 100%;" type="text"/>		21. Deliver <input type="checkbox"/>
9. Department	<input style="width: 100%;" type="text"/>		CATEGORY OF WORK
10. Number of original's to copy per Job	Job 1	2	3
	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Quantity of each	4	5	6
	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Colour copying <input type="checkbox"/>	14. Printed <input type="checkbox"/>	16. Sets <input type="checkbox"/>	18. Stacks <input type="checkbox"/>
13. Lamination <input type="checkbox"/>	15. Photocopied <input type="checkbox"/>	17. Staple <input type="checkbox"/>	19. Reduce to <input type="checkbox"/>
			22. Departmental admin. <input type="checkbox"/>
			23. Teaching material <input type="checkbox"/>
			24. Research <input type="checkbox"/>
			25. Staff -Teach/Res <input type="checkbox"/>
			26. Student -Teach/Res <input type="checkbox"/>
			27. Staff private <input type="checkbox"/>
			28. Student private <input type="checkbox"/>
			29. Commercial <input type="checkbox"/>

OTHER REQUIREMENTS

Printing will normally be finished double sided in white Bond unless otherwise requested.
Where possible a sample should be enclosed.

Estimated cost £.....

For Departmental use only	Date started	Date finished	Hours	Rate	£	p														
Preparation																				
Metal plates																				
Printing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">No of originals</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>No of copies</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		No of originals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	No of copies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preparation Time			
No of originals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
No of copies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
	Total No of first copies.....@..... Total No of copies@.....																			
Colour printing	Printing time																			
Finishing																				
Materials		£	p																
Quality Control - all work must be checked and signed off by originator and another.			Materials Total																	
1. Originator	<input type="text"/>	<input type="text"/>	Self Supply <input type="checkbox"/>	Sub Total																
2. Other	<input type="text"/>	<input type="text"/>			VAT															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;"><i>Comments</i></td> </tr> <tr> <td style="width: 33%;"><input style="width: 100%;" type="text"/></td> <td style="width: 33%;"><input style="width: 100%;" type="text"/></td> <td style="width: 33%;"><input style="width: 100%;" type="text"/></td> </tr> </table>					<i>Comments</i>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Total									
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