



UNIVERSITY OF SOUTHERN MAINE

UNIVERSITY OF SOUTHERN MAINE PRINT SERVICES REQUEST FOR PRINTING ESTIMATE

PRINTING SERVICES USE ONLY JOB#

JOB TITLE CONTACT PERSON DATE SUBMITTER'S NAME DEPT PHONE E-MAIL FAX DATE DUE OUR ESTIMATE: PRINTING SERVICES USE ONLY - SUBJECT TO CHANGE*

JOB SPECIFICATIONS

OF COPIES TOTAL # OF SIDES PAGES BACK-TO-BACK? # OF COLOR PRINTED SIDES # OF B+W PRINTED SIDES CUTS? TRIM SIZE: BIND? TYPE: STAPLE? How: FOLDS? TYPE: RIGHT-ANGLE? NUMBERING? BLEED? SHRINK WRAP? TAB? PERFORATE? SCORING? 3-HOLE PUNCHED? PAD? IS MATERIAL COPYRIGHT PROTECTED?

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