

Publications Job Order

Office of Communications and Public Relations • Niagara University

Project name: _____ Quantity: _____

Project format: _____

Short project description: _____

Project deadline: _____ Photographer needed No Yes

Reprint -- no changes

Reprint with changes

Printer: _____

Price: _____

Method Copier Printing Docutech

Delivery Instructions: *Samples of all projects are to be given to the associate director for publications for inspection/approval before delivery of the project to final destination.*

Attn: _____ Ext. _____

Address: _____

Cover: Paper _____

Weight _____ Color _____ Finish _____ Grade _____

Ink: 1st color black PMS # _____ 2nd color process PMS # _____ 3rd color process PMS # _____ 4th color process PMS # _____

Inside: Paper _____

Weight _____ Color _____ Finish _____ Grade _____

Ink: 1st color black PMS # _____ 2nd color process PMS # _____ 3rd color process PMS # _____ 4th color process PMS # _____

Trim size: _____ Finished size: _____

Bleeds: Yes No Numer of sides: _____ Varnish: overall spot dull gloss

Art/Photos: None Client to provide: Digital files Original photos
PR to provide: Digital files Original photos

Off-line processes: diecutting engraving embossing foil stamping collating
 laminating tip-ons hand assembly numbering stuffing

Finishing: scoring perforating folding pad

Bindery: saddle stitch spiral comb perfect bound staple

Envelopes: No Yes _____

Proofing: _____ set(s) to: _____
 laser (b&w) laser (color) blueline matchprint press proof press check paper dummy

Miscellaneous instructions: _____

Dept. contact: _____ Ext. _____

<input type="checkbox"/>	Copy received
<input type="checkbox"/>	Photos requested
<input type="checkbox"/>	Photos taken
<input type="checkbox"/>	First proof to department
<input type="checkbox"/>	First proof returned
<input type="checkbox"/>	Second proof to department
<input type="checkbox"/>	Second proof received
<input type="checkbox"/>	Third proof to department
<input type="checkbox"/>	Third proof received
<input type="checkbox"/>	Fourth proof to department
<input type="checkbox"/>	Fourth proof received
<input type="checkbox"/>	Signed off by: _____
<input type="checkbox"/>	Files to printer
<input type="checkbox"/>	Delivery date
<input type="checkbox"/>	Printer's proof received
<input type="checkbox"/>	Printer's proof approved and returned
<input type="checkbox"/>	Publication delivered