



Print Lab
DN255

Department

Print Submission Form

Submission Information:

Date: ____ / ____ / ____

Time: ____ am pm

Name: _____

Affiliate ID #: _____

Phone Number: _____

Department Information: *(all information required)*

Department: _____ Account Number: _____

Authorized By: _____

Phone Number: _____

➔ Authorizing Signature: _____

Print Information:

Quantity	Name of File	Size	Paper Type				Price
			Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
		X	Matte/BW	HW	Satin	Gloss	
			B&W / Color				
						Total	

I agree to the terms and conditions for Printing Services located on the Digital/Print Lab wiki-page:

➔ Customer Signature: _____