

# PUBLICATIONS REQUISITION FORM

Date Submitted: \_\_\_\_\_

**Department:** \_\_\_\_\_

Account/Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Intended Audience: \_\_\_\_\_

**PUBLICATION:**

I request layout and design from Publications  
(free service provided to UT Martin departments)

I am attaching a proof for review and approval only.  
(No design or other services requested.)

**Title:** \_\_\_\_\_

Is this a job for  print  duplicating in your offices  
 duplicating  PDF only?

If print/copy, do you need a PDF as well?  yes  no  
(If yes, make sure you provide an email address above.)

1 or  2 sides printed?

New  Reprint  Revision of existing publication?  
(Date of last publication) \_\_\_\_\_

Publication size unfolded: \_\_\_\_\_

Publication size folded: \_\_\_\_\_

Number of pages: \_\_\_\_\_

Ink color(s): \_\_\_\_\_

Paper weight(s): body \_\_\_\_\_  
cover \_\_\_\_\_

Paper color/stock: body \_\_\_\_\_  
cover \_\_\_\_\_

Finishing:  stitched/stapled  folding

Binding:  perfect or  spiral?

Bulk mail stamp needed? \_\_\_\_\_

How many do you need? \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEADLINE FOR DELIVERY:**

This line is required. \_\_\_\_\_

**FOR PUBLICATIONS OFFICE:**

To press by \_\_\_\_\_

Delivery date \_\_\_\_\_

Date sent to Digital Printing \_\_\_\_\_

Duplicating needed (outside of department)

Print  on or  off campus?

If off campus, by whom? \_\_\_\_\_

Quoted Cost of Publication: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Publications Approval by/date

**PUBLICATION NUMBER**

**PURCHASING INFORMATION**

Actual Cost of Publication: \_\_\_\_\_

Client Statement: I have proofread and reviewed the final proof provided to me by Publications and approve the job for press.

\_\_\_\_\_  
Name Date

Job approved via email \_\_\_\_\_

Date

Note: Job will not be sent to press without a signature.