



Job #

RAMGRAPHIX PRINT/COPY REQUEST FORM

RICOH
imagine. change.

Today's Date / Time: _____

Name: _____

Department: _____

Date / Time Required: _____

Telephone Number: _____

* Fund Code: _____

* Required for all jobs, for Foundations not using a Fund Code for payment call ext. 2765 for assistance with this information

☐ Return Project:

☐ Customer P/U

☐ Deliver

* Proof Required: ☐ Yes

☐ No

Approval Signature: _____

* Job will not be produced until Proof is approved

JOB DESCRIPTION

Number of Pages Per Original: _____

Number of Copies / Sets: _____

Standard Copies:

B&W: _____

Color: _____

- ☐ 8.5 x 11
- ☐ 8.5 x 14
- ☐ 11 x 17
- ☐ Other – Size: _____
- ☐ Copy One-Sided
- ☐ Copy Two-Sided
- ☐ Copy As Is
- ☐ Reduce _____ Enlarge _____
- ☐ Collated and Stapled
- ☐ Collated Only
- ☐ Not Collated

Paper:

☐ 20# White

☐ 28# White

☐ 80# Cover White

☐ 32# Text White

☐ Color Pastel Paper: (select one)

Tan ☐ Blue ☐ Yellow ☐ Green ☐

Orchid Goldenrod Other: _____

☐ Color Astrobright Paper: (select one)

Re-Entry Red ☐ Lunar Blue ☐ Martian Green ☐

Other: _____

☐ Other Paper:

☐ Specify _____

☐ NCR 2 Part

☐ NCR 3 Part

☐ NCR 4 Part

Finishing Services:

☐ Staple - Corner

☐ Staple - Saddlestitch / Booklet

☐ GBC Coil

Black _____ Red _____

☐ 3 Hole Punch / Drill

☐ Cut

☐ Scoring **

☐ Folding:

Letter _____ Z Fold _____

Half _____

☐ Lamine

☐ Covers:

Front _____ Back _____

Black _____ White _____

Clear _____

Special _____

** - Scoring service will be vended off-site, other Services may also be vended off-site as required

Other Services:

☐ Fax

☐ Special Request / Services _____

RAMGRAPHIX CENTER USE ONLY

Date/Time Received: _____

Meter Start - B&W: _____

Meter End - B&W: _____

Total Billable Impressions: _____

Services / Comments: _____

Date/Time Completed: _____

Meter Start - Color: _____

Meter End - Color: _____

Waste: _____

Operator Initials: _____

Date/Time Completed: _____

QC'd by: _____

On Time: Y or N

	Total	X	Price	=	Cost
Vendor Charge:	_____	X	\$ _____	=	\$ _____
Sales Use Tax***:	_____	X	\$ _____	=	\$ _____
Total Cost:	_____	X	\$ _____	=	\$ _____
	_____	X	\$ _____	=	\$ _____
*** - if applicable for student / personal jobs	_____	X	\$ _____	=	\$ _____