



Printing Services Offset Estimate Form

Date _____

Job Name _____

Name _____

Dept. _____

Phone No. _____

Fax No. _____

Date Est. Needed _____

Date Job to printer _____

Quantity _____

Date Job needed _____

Please give: firm quote verbally in writing

This is a: New Job Reprint Exact Reprint w/changes _____

Quantity 1) _____ 2) _____ 3) _____ Additional _____

Sheetwork Flat trim size ____ x ____

Bookwork Bound size ____ x ____ #of pages _____ self cover seperate cover

Prepress:

Job sent by: Email USB Drive CD Zip Other Typesetting required

Proofs: Hi-Res Lo-Res Laser PDF Soft

Printing:

	ink color(s)	ink color(s)	varnish
cover	side 1 _____	side 2 _____	_____
inside	side 1 _____	side 2 _____	_____
	side 1 _____	side 2 _____	_____

Paper Stock:

	weight	name	color	finish
cover	_____	_____	_____	_____
inside	_____	_____	_____	_____

Bindery:

- fold
- score
- perforate
- collate
- insert
- perfect bind
- coil bind
- wire bind
- saddle stitch
- pad carbonless
- pad in sets of _____
 - with chip board
 - without chip board
- numbering _____
- tab for mailing
- laminate _____ mil
- shrink wrap in # _____
- bulk in cartons/maximum weight _____ lbs

Instructions or comments:
