



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:

<input type="checkbox"/> fold	<input type="checkbox"/> insert	<input type="checkbox"/> saddle stitch	<input type="checkbox"/> tab for mailing
<input type="checkbox"/> score	<input type="checkbox"/> perfect bind	<input type="checkbox"/> pad carbonless	<input type="checkbox"/> laminate _____ mil
<input type="checkbox"/> perforate	<input type="checkbox"/> coil bind	<input type="checkbox"/> pad in sets of _____	<input type="checkbox"/> shrink wrap in # ____
<input type="checkbox"/> collate	<input type="checkbox"/> wire bind	<input type="checkbox"/> with chip board	<input type="checkbox"/> bulk in cartons/maximum
		<input type="checkbox"/> without chip board	weight _____ lbs
		<input type="checkbox"/> Numbering _____	

Instructions or comments:
