



				Co	ntroi # C
Instructions: Please fill in completely and send with your job. Job must have the Item Owner and Cost Center filled out.				SE 06 5-462-3296 (81-3296) 62-3648 (81-3648)	PRINTING SERVICES Mailstop: EST 11W Phone: 425-462-3296 (81-3201) Fax: 425-462-3201 (81-3301)
DATE ORDERER/ITEM OV	ORDERER/ITEM OWNER			vshop@kayesmith.com LSTOP	Email: pseteam@kayesmith.com TELEPHONE NO. OF ORDERER
ACCOUNT	COST CENTE	R OI	RDER		APPROVED BY
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JOB NAME AND FORM NUMBER (M	UST BE FILLED IN)				
NUMBER OF COPIES	NUN	JOB SPECIFIC MBER OF ORIGINALS	ATIONS	TOTAL CO	DPIES
DEADLINE	DAT			DELIVER TO	DECIDIENT/MANI OTOD
DATE IN	DAII	E AND TIME NEEDED		SEND TO	RECIPIENT/MAILSTOP
SIZE	FINISHING	BINDER	Υ	,	PAPER
B-1/2 X 11 B-1/2 X 14 11 X 17 Other COPY One sided Two sided As per original Copy in Color Copy in Black & White	Staple Collate Slipsheet Paperclip Binder clip Rubberband 3-hole drill 3-hole large Trim Finished Size	Comb bind Tape bind Plastic coil (ADD 24-48 HOU Folding (type) Padding (# per) Shrinkwrap (# p	okg)	□ 20# bond, white □ 20# bond, white, 3-hole □ 20# bond, specify color: □ 60# book, white □ Astrobright 60# text: □ Astrobright 65# cover: □ 110# index, specify color: □ Tab stock (white, grey, blue): □ Customer provided stock □ Clear cover + black vinyl back	
SPECIAL INSTRUCTIONS CORY C	As per original	☐ Laminate 5 mil.		Xerox Xpression Front cover: Back cover: Other:	
COST ESTIMATE	ENTER USE ONLY			ESTIM	AIL
☐ No estimate requested ☐ Estimate requested – pro ☐ Put on hold until I have an ☐ Quality checked ☐ Date/Time completed: ☐ Was the job run on time?	oproved the estimate				