



1919 Green Road  
Ann Arbor, MI 48109-2564

ph: (734) 764-6230

**fax: (734) 763-5147**

printingservices@umich.edu  
http://mbiz.bf.umich.edu

# PRINTING SERVICES Custom Printing Order Form

Save time & money! • Order your stationery with our Online Catalog • <http://mbiz.bf.umich.edu>

**! PDF file is computer interactive !**

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

Charge to ShortCode \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** If reprinting or updating a previous order, please **attach a sample** and give the **previous reference number**. The original copy, photocopy, laser print, samples, disk, sketches, or other material pertaining to your order should accompany this form. Give us as much information as possible about paper/color, ink color, folding requirements, etc. For assistance, please call Printing Services at (734) 764-6230.

**Please Note:** Written copyright clearance must be obtained when using non-University-owned materials.

[illegible]

Files sent to Printing Services via FTP Upload \_\_\_\_\_

|   |  |
|---|--|
| <b>DO YOU NEED A PROOF:</b><br><br>No proof required                      Proof via: (please indicate method):<br><br>PDF proof via e-mail                      _____   | <b>This project was estimated:</b><br><br>Estimate # _____ By: _____<br><br>at COST \$ _____ for _____ copies  |
| <b>YOUR CONTACT INFO:</b><br><br>Name _____<br><br>Rm / Bldg. _____<br><br>Campus Zip _____<br><br>Street Address _____<br><br>City _____ State _____ Zip _____<br><br><b>Phone</b> _____ <b>Fax</b> _____<br><br><b>E-mail</b> _____ | <b>DELIVERY INSTRUCTIONS:</b><br><br>Courier Delivery (Fee: \$8 first case, \$1 each additional)                      Pick-up<br>Campus Mail (size/weight restrictions, allow 2 days)                      Ship UPS<br><b>DELIVERY ADDRESS</b> (complete if different than Contact Person)<br><br>Name _____<br><br>Rm / Bldg. _____<br><br>Campus Zip _____<br><br>Street Address _____<br><br>City _____ State _____ Zip _____ |

**! PDF file is computer interactive !**

I certify that the terms, restrictions, and qualifications set forth in this form's administration policy are met and that the payments are in compliance with all conditions imposed by the funding source.

Signed \_\_\_\_\_

Head of Department or Authorized Representative