INTERNAL CH	IANGE M	IEMO - GL	JS	SET PO	UCH	1									
RWC or New?	FALSE			Customer Acct. #:				0	0			PO:			
Plates:			ĺ	# Colours Changing:								Reference F	PO:		
Date Submitted:			ĺ	Date Required:								Time Req'd	:		
Customer:	0	•									j	C.O. #:		0	
Design Description / #	ŧ.:	0										UPC #:		0	
Structure:											Total # Item	s:	0		
G/L Code:	6916/10	0		0	USD)A # /	EST	Г#:		0				P.C.:	
PROOF REQU	IRED:														
POUCH DIELI	NE SPEC	CIFICATIO	NS	- GUS	SET	РО	UC	H:							
Pouch Style:	FALSE			Gusset Sty		FAL	FALSE								
Pkg Width (in):	0.00			Pkg Length (in):				0.00				Gusset Size	e (in):	0	
Pkg Width (mm):	rg Width (mm): 0.00			Pkg Length (mm):				0.00				Gusset Size	e (mm):	0.00	
			i	Print Cyline	der:						ĺ	Distortion %):	#DIV/0	1
Zipper Style:	FALSE								Zipp	er Header Space	e:	FALSE			
Quad Seal: (Side Gusset Only)	FALSE			Quad Seal Size: (Side Gusset Only)				FALSE				Fin Seal (fx)		FALSE	
Bottom		Bottom Guss Seal Size:	set	FALSE			Seal			FALSE		K Seal - See	Top Tacl		Bottom Tack
Lip Type:	FALSE								Lip	Size:		FALSE			
Hole Punch Type/Size	ze: 0			Position:	FALSE			FALSE							
Tear Type:	FALSE			Position: FALSE			FALSE								
Perf or Laser Position	: 0			Position: FALSE											
Wicket Wires:	FALSE	Size (imperia	al):	FALSE					Hol	e Size: FALSE			Pouches /	Wckt FA	LSE
Position of Wickets:	FALSE		Dist	t. from top o	of Lip ((mm) l	FAL	SE		Corners: FA	LSE				
Pin Hole(s): 0	Pin Hole(s) Po	osition FALSE								Degas. Val	/e P	os.: FALSE			
PRINT POSITI	ON AND	COLOUR	S:												
Art as Per: 0									Prin	t: 0					
Total # Cols: 0		Lam	inat	ted to: CI	lear								Medical Ap	plication	: 0
FRONT PANE	ļ;							_		BACK PA	ΝE	4:			
Image Width: FAL	SE	Image Lengt	h:	FALSE		1 4		m		Image Width:	F٨	LSE	Image	Length:	FALSE
F Print Direction: 0)				:	2			70	B Print Direction	า:	0			
Centered S to S:		Centered T t	0	0			1	W	_ ດ	Centered S to S:	0		Center B:	ed T to	0
H Print Pos.: FAL	SE	D.				3 d		B	エ		FA	LSE	Б.		
V Print Pos.: FAL	SE				•	4 F		В	I	V Print Pos.:	FA	LSE			
FRONT PANE	L COLO	JRS:				<u>ا</u> ج	ال ك الك		Z	BACK PAI	ΝE	L COLO	RUS:		
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Customer:	U			PO:	U		
Design Desc.:	0	0			Total # Items:	0	
Type of Proof:	0				C.O.# 0	P.C.: 0	
Date Submitted:	0/Jan/	1900	Date Required:	0/Jan/1900	Time Req'd:	12:00 AM	
LET'S TALK							
					Operator:	Checker:	