

PRINTING SPECIFICATIONS WORK SHEET

JOB NUMBER
DATE DUE

(Cross out items in left column which do not apply)

CUSTOMER	Name		Address		Phone
JOB DESCRIPTION					
TYPE PRESS	Offset Press	<input type="checkbox"/> Gang Run	Letter Press	<input type="checkbox"/> Gang Run	
SIZE/QUANTITY	Size (width first)	Quantity	<input type="checkbox"/> Sheets	<input type="checkbox"/> Sets	<input type="checkbox"/> Books <input type="checkbox"/> Other _____
PAPER/INK	KIND	GRADE	SUBSTANCE	COLOR	INK COLOR
PRINT	<input type="checkbox"/> One Sided	<input type="checkbox"/> Two Sided	If Two Sides Print	<input type="checkbox"/> Head To Head	<input type="checkbox"/> Head To Foot <input type="checkbox"/> Other _____
MARGINS	Front		Back		
	Top	Left	Top	Left	
REGISTER	<input type="checkbox"/> All Sheets	<input type="checkbox"/> In Sets	<input type="checkbox"/> In Pads	<input type="checkbox"/> Other	
NUMBER	Singly, Duplicate, ETC.	Starting No.	Ending No.	Skips <input type="checkbox"/> Not Acceptable	<input type="checkbox"/> Acceptable if Listed
PERFORATE	No. of Perforations	Direction	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	Location Inches From Top _____ Inches From Left _____
SCORE	No. of Scores	Direction	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	Location Inches From Top _____ Inches From Left _____
FOLD	No. of Folds	Direction	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	Location Inches From Top _____ Inches From Left _____
	After folding the following should be on the outside				
PUNCH	No. Holes	Diameter	Kind	Location	Inches center to center _____ Inches center of hole to edge of sheet _____
ROUND CORNER	Radius	No. Corners	Location	<input type="checkbox"/> Top Right	<input type="checkbox"/> Top Left <input type="checkbox"/> Bottom Left <input type="checkbox"/> Bottom Right
COLLATE	No. of Sheets to Set	<input type="checkbox"/> In Page Order	<input type="checkbox"/> Other		
PAD	No. of Sheets to Pad	No. Sets to Pad	Location of Padding	<input type="checkbox"/> Top	<input type="checkbox"/> Bottom <input type="checkbox"/> Left <input type="checkbox"/> Right
WIRE STITCH	No. of Stitches	Kind	<input type="checkbox"/> Saddle	<input type="checkbox"/> Side	Location of Side Stitch <input type="checkbox"/> Top <input type="checkbox"/> Left <input type="checkbox"/> Top Left Corner
TRIM	No. of Sides	Trim	<input type="checkbox"/> Top	<input type="checkbox"/> Bottom	<input type="checkbox"/> Left <input type="checkbox"/> Right
WRAP/BOX	Sheets Per Package	Sets Per Package	Pads Per Package	Cards Per Package	<input type="checkbox"/> Best Method
SPECIAL INSTRUCTIONS					
PREPARED BY DATE	Name				Date