Output Request Form

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FILE NAME	SOFTWARE VERSION	TRIM SIZE	BLEED SIZE	PAGES TO OUTPUT	INKS SPOT/PROCESS/BW
				____TO____ TOTAL_____	
				____TO____ TOTAL_____	
				____TO____ TOTAL_____	
				____TO____ TOTAL_____	
				____TO____ TOTAL_____	
				____TO____ TOTAL_____	

TODAY'S DATE

DUE DATE

YOUR COMPANY

CONTACT

PHONE#

PO#

JOB DESCRIPTION

QUANTITY

FONTS	SUPPORT

SPECIAL INSTRUCTIONS	DELIVER TO:

CHECKLIST

- ❏ Trim and bleed indicated?
- ❏ All support files included?
- ❏ All fonts included?
- ❏ Laserprints provided?
- ❏ Color broken lasers?
- ❏ Graduated blends/screens?

Is trapping needed? Yes❏ No❏

Trapping built into files? Yes❏ No❏