

1919 Green Road Ann Arbor, MI 48109-2564

Send Orders, job files, questions to us:

**PRINTING SERVICES PHONE: 734-764-6230** 

E-mail: PrintingServices@umich.edu

OFFICE HOURS: M-F: 7am-3pm

Building access: M-F: 7am-5pm

## CUSTOM PRINTING ORDER FORM

Save time & money • Order your standard-design stationery with our Online Catalog: www.PrintCopyMail.umich.edu

Order Submission Date: \_\_\_\_\_Charge to Shortcode: \_\_\_\_\_

Department Name \_\_\_\_\_

Please note: <u>https://brand.umich.edu/design-resources/colors/</u> for reference on UM Branding guidelines and appropriate uses and definitions of official UM colors.

**New projects**: Include print-ready PDF file (unless you need artwork created or typesetting done). You can also attach a separate document with details or instructions.

Copy Center Phone: 734-647-0507 Copy Center Email: <u>ax-cc-ccaux@umich.edu</u>

**Reprint jobs:** Include scan or snapshot if possible so we can identify the previous job#. Note any changes that are needed, or if this is an Exact Reprint.

| Quantity | Description/Special Instructions - You can use one form for for multiple projects | Old Job# if known | (Leave Blank) |
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| If you received a quote, please indicate Quote# |           |             | Person who helped you |                           |                   |                        |
|---|-----------|-------------|-----------------------|---------------------------|-------------------|------------------------|
| DO YOU NEED A PROOF?                            | PDF proof | via email   | No proof needed       | Other <i>(fee may app</i> | ρlγ)              |                        |
| DELIVERY METHOD:                                | Pick-up   | Campus Mail | Courier Delivery (fe  | ee applies)               | UPS (fee applies) | Other <i>(explain)</i> |

USPS mail automation processing is required for this project: *(ink-jet addressing, inserting, address certification, metering, etc.)* 

## YOUR CONTACT INFO:

**SHIP TO**: IF DIFFERENT THAN YOUR CONTACT INFO

| Your Name   | Name                   |
|---|------------------------|
| Room# / Building  | Room# / Building       |
| Street address  | Street address         |
| City /State / Zip + 4:                                      | City /State / Zip + 4: |
| Your phone  | Phone                  |
| Your email  | Email                  |
| WEBSITE: PrintCopyMail.umich.edu REVISED: September 5, 2024 | Authorized by:         |