



Job Ticket

Date In: _____ (_____) year Date Needed: _____ Deliver Will Pick-up Proof By _____ / _____ / _____ Salesperson _____

| | |
|------------------------|----------------------|
| Customer: _____ | Contact: _____ |
| Address: _____ | Phone: _____ / _____ |
| _____ | Fax No: _____ |
| _____ | |

Job Description: _____

| | | | |
|---------------------|--------------------------|---------------------------------------|--|
| Quantity: _____ | Sheets required: _____ | <input type="checkbox"/> Trim | <input type="checkbox"/> Round Corner |
| Size: _____ | Number up on page: _____ | <input type="checkbox"/> Glue | <input type="checkbox"/> Score |
| No. of Sides: _____ | | <input type="checkbox"/> Drill | <input type="checkbox"/> Pads of _____ |
| Stock: _____ | | <input type="checkbox"/> Collate | <input type="checkbox"/> Fold _____ |
| Supplier: _____ | | <input type="checkbox"/> Staple | <input type="checkbox"/> Number |
| Ink Color: _____ | | <input type="checkbox"/> Perforate | Start with _____ |
| Color Copier: _____ | | <input type="checkbox"/> Cover w/tape | End with _____ |

| | | |
|-------------------------|-------------|--|
| PRINT DEPARTMENT | | |
| Outside Source | / P.O. No.: | |
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|-------------------------------|------------|-------|
| COMPOSITION DEPARTMENT | | |
| Layout: _____ | @ \$40/hr. | _____ |
| Typeset: _____ | @ \$40/hr. | _____ |
| Proofing: _____ | @ \$40/hr. | _____ |
| Art Search _____ | | _____ |
| Saved: _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| | | Total |

| | |
|---|---|
| Billing DEPARTMENT ___ Billed ___ / ___ / ___ ___ Paid ___ Cash Ck. No. _____ ___ / ___ / ___ | Printing: _____ Composition: _____ Shipping: _____ Sub Total: _____ 5% Sales Tax _____ Grand Total _____ |
|---|---|