

Inkjet Print Request Form

TECHNICIAN USE ONLY

Date Submitted
Time Submitted
Verified By
Printed By
Notification
name here

TECHNICIAN NOTES

Name _____ Xnumber _____

Phone _____ Email _____

File Name (EPS, AI, PDF, JPG, TIFF or PSD) _____
For multiple files please use next page
 More files on back side

Dimensions Width _____ in. Height _____ in.

Media Matte Luster Other: _____
{ \$7 sq ft } { \$7 sq ft }

Crop Marks Yes No

Total \$ _____

- Oversize prints must be paid in full when submitted.
- Student / Patron is responsible for Design, Layout & Content.
- All prints are final. **No Refunds**
- Form must be completed before printing.

See our website for a price estimate
<https://www.otis.edu/computer-center/price-estimator>

BY INITIALING BELOW, I HEREBY AGREE TO THE ABOVE

Initials _____ Date ____ / ____ / ____

**PLEASE ALLOW UP TO
24 HOURS
FOR PRINTS TO BE COMPLETED.**

TECHNICIAN USE ONLY

Total From This Page \$

Total From Back Page \$

Grand Total \$

Paid
technician name

PaperCut # Chargeback #

Picked Up
technician name

Enter Multiple Files Below

1 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

2 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

3 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

4 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

5 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

6 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

7 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

8 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

9 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____

10 File Name _____ W _____ in. x H _____ in

Media

Luster Matte Other: _____