

Design Requisition

Important: Publications cannot provide completed work to requester, until this form is signed, dated and returned. Please complete and print clearly.

Submission Date: _____ Completion Date Requested: _____
(3-week minimum from submission date)

Requester: _____ Department: _____

Telephone: _____ Bldg./Room: _____

Chair/Dir. Approval _____ Director of Marketing & Communications _____

Service Description: _____

Finished Size: _____ No. of pages: _____

Provide Text via Email, Flash Drive or CD

Additional instructions: _____

Proofreading: Requester is required to proofread design copy, make corrections in margins in red ink only, sign and date at each stage then return first copy within 10 days to assigned graphic artist. If there are corrections proceed to second proof and return signed to graphic artist. Otherwise if no corrections are needed sign as final proof with date to close out the job officially. The original **must always be returned to 2H03.**

1st Proof _____
(signature) *(date)*

2nd Proof _____
(signature) *(date)*

Final Proof: _____
(signature) *(date)*

Marketing Communications Department Use: Designer: _____

Disk/drive: _____ Folder: _____ File Name: _____

Requester must take artwork provided to Printing Services, AC-LL08. Requester is responsible for all arrangements.