

**QUOTE REQUEST FORM - STUDENT NOTES**  
UNIVERSITY PUBLISHING MANAGED SERVICE

Faculty:  Date: (dd/mm/yyyy)

Staff members name:  Faculty reference #:

New Job  Reprint: (Provide previous RFQ No. or job No.)

**STUDENT NOTES SALES**

Study code:  Students enrolled:  No. of samples required for department:

Reader title:

Total print quantity:  Available for sale at Copy Centre:  (Please tick) CD/DVD quantity: (If required)

**DELIVERY DETAILS**

Contact Name & Address for Delivery: (If for sale in the UCC this is only relevant for samples)

**QUOTE DETAILS - Please include as much detail as possible**

<p>Number of pages: <input type="text"/></p> <p>Size: (Please tick) A4: <input type="checkbox"/> Other: <input type="text"/></p> <p>Cover: (Please tick) Colour shells black overprint: <input type="checkbox"/></p> <p style="text-align: center;"><b>OR</b></p> <p>Optix with black overprint: <input type="checkbox"/></p> <p>Optix stock colour: <input type="text"/></p> <p>Text (80 GSM Bond): (Please tick)</p> <p>Black: <input type="checkbox"/> <b>OR</b> Colour: <input type="text"/></p>	<p>Interleaves/Tabs: (Please specify)</p> <p>Quantity: <input type="text"/></p> <p>Location: <input type="text"/></p> <p>Optix stock colour: <input type="text"/></p> <p>Binding: (Please tick)</p> <p>Saddle Stitch: <input type="checkbox"/> <b>OR</b></p> <p>Wiro binding: <input type="checkbox"/> <b>OR</b></p> <p>Perfect binding: <input type="checkbox"/></p> <p>Proof required: (Please tick) Y: <input type="checkbox"/> N: <input type="checkbox"/></p>	<p>Comments:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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**DESIGN SERVICE QUOTE REQUIRED (Please tick)**

Yes  No (If yes we will call to discuss your design requirements)

**ARTWORK SUPPLIED:**

Hardcopy  CD  Email  USB  FTP link  (Please email link to [info.upms@sydney.edu.au](mailto:info.upms@sydney.edu.au))

**FACULTY MARGIN & ACCOUNT DETAILS**

Faculty margin for resale in UCC: (% or \$ permit) Code No. RC: Code No. PC: Code No. AC:

\$  %

Queries relating to this work may be directed to:

Tel:  Mobile:  Email:

Delivery date requested:  Authorised by:

HEAD OF DEPARTMENT