

QUOTE REQUEST FORM
UNIVERSITY PUBLISHING MANAGED SERVICE

Faculty Name: Semester Date (dd/mm/yyyy)

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

DELIVERY DETAILS

Contact Name & Address for Delivery:

ACCOUNT DETAILS

Code No. RC: Code No. PC: Code No. AC:

QUOTE DETAILS - Please include as much detail as possible

Title or Description	No. of printed pages (leaves)	Finished Size	Paper Stock	Cover Stock	S/S or D/S	Colour MONO/CMYK/PMS	Binding Instructions	Qty

DESIGN SERVICE QUOTE REQUIRED (Please tick)

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

Contact: Telephone No. for brief:

ARTWORK SUPPLIED:

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

STUDENT NOTES SALES

Available for sale at Copy Centre: (Please tick) Students enrolled: No. of samples required for department:

Study code: Reader title: Copy to Library: (Please tick)

Queries relating to this work may be directed to:

Tel: Mobile: Email:

Delivery date requested: Authorised by:
HEAD OF DEPARTMENT