



**State of Utah
Division of Finance
Inter-Departmental Transfer**

Assigned To _____

IAT Number

Project # _____

P.O. Number

Customer Finet Codes

FUND	DEPT	UNIT	APPROP	ACTIVITY	FUNC	PROG	PHASE	NSACCT

Name	Phone	Today's Date
Dept. / Agency		Job Due Date
Address / Suite#	FAX: 538-1193 <i>Call for pick-up: 538-1011</i>	Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Name	<input type="checkbox"/> Digital Printing: <input type="checkbox"/> Disk <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic File <input type="checkbox"/> Other _____	

Document Type <input type="checkbox"/> Black & White <input type="checkbox"/> Color	Quantity Needed Copies / Prints _____	Paper Description _____ # of Originals = Total Clicks	Page Size 8 1/2 X 11 8 1/2 X 14 11 X 17 Other _____	Sides 1-1 1-2 2-2 2-1 as-is	Collation

Binding <input type="checkbox"/> COIL <input type="checkbox"/> COMB <input type="checkbox"/> VELO <input type="checkbox"/> TAPE	Bind Color _____	Index Cover Stock Front _____ Back _____	Covers, Sides To Be Printed Front: <input type="checkbox"/> Outside <input type="checkbox"/> Inside <input type="checkbox"/> Both <input type="checkbox"/> None Back: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both <input type="checkbox"/> None
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Stapling <input type="checkbox"/> Hand Stapling Face Trim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling 	Folding Text: IN OUT	Cutting DIMENSIONS _____ X _____	Padding NO. OF PADS _____ PAGES PER PAD _____	<input type="checkbox"/> Insert <input type="checkbox"/> Collate	Tabs 	Pouch Lamination 8 1/2 X 11 8 1/2 X 14 11 X 17
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Special Instructions <input type="checkbox"/> Archive on Disk Customers Proof Sign Off _____	Cost Description	Printing Cost \$
		Finishing Cost \$
		\$
		\$
		\$
		Total Job Cost \$

Received By: _____ Date: _____

Distribution: White - XEROX / Pink - Customer