



JOB SPECIFICATION FORM

Job #:

Customer Name:

Customer Rep:

Date Submitted:

JOB INFO

Job Name:

Type: New Design ()

Reprint ()

File Name:

JOB TYPE: () Insert

() Med Guide

() Patient Guide

Rev:

Proof #:

Grain direction:

Manufacture by:

Manufactured for:

Fold Type:

Flat Size:

Final Folded size:

Finishing For Padding:

Customer Item #:

Barcode Reader:



Paper Stock:

Ink:

Notes

APPROVED: OK to Print () DATE:

Approved By:

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