








**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:  
Manufacture 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:

\* Please review in detail for Layout, Content, Spelling, Spacing, Grammar, Structures, Colors, Barcode and all Specs related to this Artwork.  
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