







**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:

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