

Check one

Quote Request

Print Request



BROWARD COUNTY PRINT SHOP
151 SW 2nd Street, First Floor, Fort Lauderdale, FL 33301
954-357-7120

Date: _____

Due Date: _____

* Please allow 5 business days from final approval for print.

PRN# _____

QUOTE/PRINT REQUEST FORM

Your Name: _____ Title: _____

Department: _____ Division: _____ Section: _____

Phone Number: _____ Email: _____

Artwork: is being sent from (designer name) _____ on file at the Print Shop

Quoted amount: \$ _____ * Please verify chartfield used is funded

ChartField for billing: Fund _____ Program _____ Dept. _____

Account BUD Ref _____ PC Bus Unit Project _____

Activity _____ Class Code _____

PRINT INFO

Quantity: _____

Paper Type: Plain Gloss

Paper Weight: Text Card

Paper color: _____

Ink Color: Black Full Color

Finished: 1 sided 2 sided

Envelopes

Quantity: _____

Type: 10 Reg. 9 Reg.
 10 Window 9 Window

Other: _____

BINDING

Staple

Location _____

Hole Punch:
 2 - 3 - Top - Side

Fold Type:
 1/2 - Trifold - Quad

Numbering:
Ink Color _____
Starting # _____

Coil Bind - Comb Bind

Acetate Front

Leatherette Back

POSTERS/SIGNAGE

Quantity: _____

Size: 20X30 in - 24X36 in

Other: _____

Mount on Foam Board

Styrene

No Mount Vinyl

Retractable Stand Vinyl
33.5X79 in

Banner Scrim
Size: _____

Additional Instructions:

Delivered to: _____

Name: _____ Email: _____

Location: _____ Phone Number: _____

**Please complete and email to PRINTSHOP@broward.org
Include attachment of ARTWORK**