

# MEDIA SERVICES JOB TICKET

TSSC Charge Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Due (Required): \_\_\_\_\_

(Please allow 10 working Days, unless otherwise arranged.)

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

## Customer Information:

Size: \_\_\_\_\_ # of copies: \_\_\_\_\_

Lamination: \_\_\_\_\_

Print in-house: \_\_\_\_\_ Print outsource: \_\_\_\_\_

Foam Core: \_\_\_\_\_ Framing\*: \_\_\_\_\_

File name/location: \_\_\_\_\_

What will the product be used for? \_\_\_\_\_

Conference Name: \_\_\_\_\_

Publications Review Completed? \_\_\_\_\_ IPDS \_\_\_\_\_ Non-Dist. \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Sign-Off: \_\_\_\_\_ Date: \_\_\_\_\_

(Sign upon final approval)

\*Framing must meet EROS policy and will be done on a time allowed basis unless otherwise arranged.

## Media Services Use Only:

Version: 1 2 3 4 5

Estimate: \_\_\_\_\_

Notes: \_\_\_\_\_

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Scheduled to: \_\_\_\_\_ Date scheduled: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

QA/QC Signature: \_\_\_\_\_

Location: \_\_\_\_\_