PROJECT INITIATION REQUEST FORM

PACE
UNIVERSITY

Please fill out one form for each project component.

Email completed form to your Account Partner and CC **pubs@pace.edu**. If you have any questions or would like to consult about this project before submitting, call your Account Partner.

Please allow 6 weeks for full production and 1 week for projects requiring approval only.

Date:

Project Due Date:

SECTION I: GENERAL INFORMATION

Your name: Title:

Department: Phone: Email:

Project Name:

SECTION II: ABOUT THE JOB

This is a: New Job   Update/Revision–Prior Job Number: Editorial Review   Photographer

Please select component needed: Banner   Brochure   Email   Envelope   Flier   Invitation

    Logo   Photos   Postcard   Poster   Program   Sign(s)   Other:

Size: 4x6   5x7   6x9   8.5x11   11x17   24x36   Other:

Please attach existing, required, or pertinent copy, if applicable.

Note: You are responsible for the accuracy of the content you provide for this project.

Project description: (Be as **specific** as possible about what you need; e.g., 2-sided 4x6 postcard, 2 versions of eBlast: save the date and invitation, must fit in #10 envelope, must match design of previous document, horizontal or vertical orientation, must include partner logos, black and white only, etc.)

SECTION III: FINAL OUTPUT

Printed materials: UR to print   using outside vendor* **or**   using Document Services (provide budget #   )

    Please provide print-ready images (I will print)   Check here if you plan to send to Document Services for printing

Print quantity: Delivery address:

Digital components: PDF   JPG   Email (PDF/JPG)   Email (HTML)

SECTION IV: TIMELINES

Desired delivery date: Event Date (if applicable):

*SECTION V: BUDGET INFORMATION (ONLY APPLICABLE IF UR IS USING OUTSIDE VENDOR TO PRINT)

UR will provide estimate(s) based on quantity and specifications provided. You are responsible for providing a copy of the Purchase Order summary to UR in order for UR to release the project to print.

Your signature: Date:

Supervisor Signature: Date: