



# CMS graphic design job request form

*please submit completed form to the Design and Publications Services' Office*

cms job no.: \_\_\_\_\_

agency w.o. no.: \_\_\_\_\_

project title: \_\_\_\_\_ date submitted: \_\_\_\_\_

contact person: \_\_\_\_\_ phone: \_\_\_\_\_ date needed: \_\_\_\_\_

e-mail address: \_\_\_\_\_ quantity needed: \_\_\_\_\_

state agency/bureau: \_\_\_\_\_

agency program/division for billing: \_\_\_\_\_ liaison approval: \_\_\_\_\_  
(required)

check here	design needed
_____	AD
_____	BOOKLET
_____	BROCHURE
_____	COVER
_____	FOLDER
_____	FLYER
_____	LOGO
_____	NEWSLETTER
_____	POSTCARD / INVITATION / ANNOUNCEMENT
_____	POSTER
_____	DISPLAY
_____	SIGN/BANNER
_____	STATIONERY / LETTERHEAD
_____	OTHER:

check here	printer
_____	STATE AGENCY PRINTSHOPS
_____	DIGITAL PRINT
_____	OUTSIDE VENDOR

number of colors	check here
1	_____
2	_____
3	_____
4	_____
not sure	_____

special instructions or comments (include finished items needed, i.e., pdf, mounting, laminating, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

proof to client	_____	date started: _____
	date(s) sent: _____	date completed: _____
	date(s) received: _____	designer's initials: _____