

**PRE-ESTIMATE**  
**OFFICE OF PRINTING & MAILING SERVICES**

ANY DEVIATION FROM SPECIFICATIONS RENDERS THIS ESTIMATE NULL AND VOID

ESTIMATES ARE VALID FOR 1 YEAR

ATTACH A COPY OF THIS ESTIMATE TO YOUR PRINT FORM  
TO MAKE IT AN OFFICIAL PART OF YOUR JOB

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Request \_\_\_\_\_ Date Estimate Wanted \_\_\_\_\_

Job Title \_\_\_\_\_

Previous Job Number \_\_\_\_\_

Quantity \_\_\_\_\_

Page Size \_\_\_\_\_

Job Description \_\_\_\_\_

No. of Pages \_\_\_\_\_

Unfolded Size \_\_\_\_\_

Submit PDF or hard copy \_\_\_\_\_

Proofs \_\_\_\_\_

Text paper \_\_\_\_\_

Cover paper \_\_\_\_\_

Text Ink \_\_\_\_\_

Cover ink \_\_\_\_\_

Bindery specifications \_\_\_\_\_

Other Details \_\_\_\_\_

Cost 1 \_\_\_\_\_

Cost 2 \_\_\_\_\_

Cost 3 \_\_\_\_\_

Cost 4 \_\_\_\_\_

Cost 5 \_\_\_\_\_

Cost 6 \_\_\_\_\_