

Customer _____ PO # _____ Date _____ Job # _____ Item # _____ Job Name _____ _____ _____ _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Action</th> <th style="width:20%;">Amount</th> <th style="width:20%;">Due Date</th> </tr> <tr> <td style="text-align: center;">Distorted Stepped</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Quote</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PDF <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> InkJet <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Color Key <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Contract Proof <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Tiff <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Len <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Plates <input type="checkbox"/> <input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>_____</td> <td>_____</td> </tr> </table>	Action	Amount	Due Date	Distorted Stepped			<input type="checkbox"/> Quote	_____	_____	<input type="checkbox"/> PDF <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> InkJet <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> Color Key <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> Contract Proof <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> Tiff <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> Len <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> Plates <input type="checkbox"/> <input type="checkbox"/>	_____	_____	<input type="checkbox"/> Other	_____	_____
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<input type="checkbox"/> Other	_____	_____																																

Item Status	On File
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REVISION <input type="checkbox"/> REORDER	On File at Flex Pre-Press Old Job # _____ Old PO # _____ Other _____

Supplied Materials			
<input type="checkbox"/> Disk Type	_____ Amt _____	<input type="checkbox"/> Return	<input type="checkbox"/> Other _____ Amt _____ <input type="checkbox"/> Return
<input type="checkbox"/> Proof Type	_____ Amt _____	<input type="checkbox"/> Return	<input type="checkbox"/> Other _____ Amt _____ <input type="checkbox"/> Return
<input type="checkbox"/> Films	Amt _____	<input type="checkbox"/> Return	<input type="checkbox"/> Other _____ Amt _____ <input type="checkbox"/> Return

UPC 	Number _____	Size <input type="checkbox"/> 80% <input type="checkbox"/> 110% <input type="checkbox"/> 90% <input type="checkbox"/> 120% <input type="checkbox"/> 100% <input type="checkbox"/> Other _____	BWR <input type="checkbox"/> Std. Spec's* <input type="checkbox"/> Other _____	Color _____
Eyespot 	Size _____ x _____	Over Spot Color _____	Under Spot Color _____	Position To Cut Off <input type="checkbox"/> Between <input type="checkbox"/> Centered
Eyeline 	Width _____	Color _____	Position _____	From Edge of Web <input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/32" <input type="checkbox"/> Other _____
Register 	Type _____	Color _____	Position _____	_____
Seal 	Seal <input type="checkbox"/> Fin Fin Size _____ <input type="checkbox"/> Lap Lap Size _____ <input type="checkbox"/> Other Other Size _____	Seal Dimensions Top _____ Bottom _____ Left _____ Right _____		
Stagger 	Type _____ <input type="checkbox"/> None <input type="checkbox"/> Standard <input type="checkbox"/> Stair Step	Stagger Dimensions <input type="checkbox"/> 1/4 Cutoff <input type="checkbox"/> 1/2 Cutoff <input type="checkbox"/> Other _____		
Plates 	Type _____ <input type="checkbox"/> Digital <input type="checkbox"/> Analog	Thickness _____ <input type="checkbox"/> .067 <input type="checkbox"/> .107 <input type="checkbox"/> Other _____	Type _____ <input type="checkbox"/> DFM <input type="checkbox"/> DFR <input type="checkbox"/> DPL <input type="checkbox"/> DPR <input type="checkbox"/> Other _____	

Print Specifications			
Type <input type="checkbox"/> Surface <input type="checkbox"/> Reverse	Substrate <input type="checkbox"/> White <input type="checkbox"/> Clear <input type="checkbox"/> Metalized	Direction <input type="checkbox"/> Top to Bottom <input type="checkbox"/> Side to Side <input type="checkbox"/> Diagonal	Press Rewind
Line	<input type="checkbox"/> 65 <input type="checkbox"/> 85 <input type="checkbox"/> 100	<input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 133	<input type="checkbox"/> 150 <input type="checkbox"/> 175 <input type="checkbox"/> Other _____
Cut Web	Full Web (+ Trim)	Trim (per side)	
Cut Off	Cylinder Size	Gear	Pitch
Plate Break	<input type="checkbox"/> 1/8" <input type="checkbox"/> 1/16" <input type="checkbox"/> 1/32"	<input type="checkbox"/> Butt fit	<input type="checkbox"/> Other _____

PMS Color/ Deck Sequence	Line/ Screen or Combo	Code Number	Step		Mounting		Tiff Totals	Plate Totals	Front/Back Combo	New/Existing Common	Common Job /PO #
			Across	Around	Across	Around					
1	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
2	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
3	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
4	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
5	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
6	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
7	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
8	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
9	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	
10	<input type="checkbox"/> Line <input type="checkbox"/> Screen <input type="checkbox"/> Combo								<input type="checkbox"/> Fnt <input type="checkbox"/> Bk <input type="checkbox"/> Combo	<input type="checkbox"/> New <input type="checkbox"/> Exist. <input type="checkbox"/> Common	

Reverse Print = Darkest Color to Lightest Color **1 2 3 4 5 6 7 8 9 10**
 Surface Print = Lightest Color to Darkest Color **1 2 3 4 5 6 7 8 9 10**

	Totals
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*Standard Spec's = Recorded specifications unique to a specific client.

