

QUOTE FORM

MVE PRINT SHOP

PHONE: 660-263-3778 ext. 5441

EACH ITEM MUST HAVE A SEPARATE QUOTE FORM
(Prices are subject to change due to material costs)

DATE SUBMITTED

DATE REQUIRED

STATE FORM NUMBER

MO

CUSTOMER

DEPARTMENT/DIVISION

CITY

CONTACT PERSON

CONTACT TELEPHONE NUMBER

CONTACT E-MAIL ADDRESS

FULL DESCRIPTION/REMARKS (ORIGINAL, SAMPLE OR DIGITAL FILE MUST BE ATTACHED)

DOES THIS ITEM NEED TO BE RECREATED?

YES

NO

QUOTE DETAILS

PAPER

Standard Card Stock
Gloss Finish Matte Finish
Other _____

MULTI-PART

2-Part 3-Part
4-Part 5-Part

Other _____

PAPER SIZE

8½ X 11 8½ X 14
11 X 17 12 X 18

Other _____

ENVELOPES

#9 #10 6 x 9
6 x 9 White Booklet
9 x 12 10 x 13 12 x 15½
Vendor Check W-2
Spec. Size _____

ENVELOPE WEIGHT

24 Lb 28 Lb 32 Lb

Other _____

SECURITY TINT

Yes No

Self-Sealing Glue (6 x 9 & Larger)

MATERIAL COLOR

White Canary Pink
Green Blue Manilla
Other _____

ENVELOPES WITH WINDOW

Yes No

Window Size _____

From Left _____

From Bottom _____

INK COLOR

Black
Green _____
Red _____
Blue _____
Other _____

PRINT

Newsletter Book or Manual

Other _____

One-Side Both Sides

Color Black & White

Head-to-Head Tumblehead

Special Instructions:

Number of Pages _____

BLEED

Yes No

FINISHING INSTRUCTIONS

STAPLE

Top Left Side Corner

BOOK BINDING

Comb Top
Spiral Left

SHEETS PER PAD

50/Pad 100/Pad

Other _____

HOLES

Top Side

Other _____

Number of Holes _____

PADDING/GLUE

Top Side

MISCELLANEOUS SERVICES

Collate Numbering

Perforate Shrink Wrap

Laminate Qty per Pkg

5 ML _____

10 ML _____

FOLDING

Folded Yes No

Bi-Fold Tri-Fold

Number of Folds _____

FINISHED PRODUCT SIZE

Size _____

PRICE

UNIT OF MEASURE

QUANTITY

TYPESETTER CHARGE

TOTAL

THE ITEM TO BE PRINTED

New

Revised

Reprinted

PREVIOUS JOB NUMBER:

PO NUMBER:

HAVE YOU MAILED A PAPER SAMPLE?

Yes

No

HAVE YOU E-MAILED A SOURCE FILE TO

DOC.MCCprint@doc.mo.gov

Yes

No

QUOTED BY: