



Phone: 636-349-8000  
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Estimate Worksheet

Customer \_\_\_\_\_ Customer Code # \_\_\_\_\_ Date \_\_\_\_\_  
 Customer Contact and Phone # \_\_\_\_\_ When Needed \_\_\_\_\_  
 Quantities \_\_\_\_\_ Order Date \_\_\_\_\_  
 Description \_\_\_\_\_ Del. Date \_\_\_\_\_  
 \_\_\_\_\_ Date Art Avail. \_\_\_\_\_  
 \_\_\_\_\_ Previous Job Number \_\_\_\_\_  
 \_\_\_\_\_  
 Extras? \_\_\_\_\_

**PRINTING SPECS**

Flat Size \_\_\_\_\_ Finished Size \_\_\_\_\_ Cover Bleeds Y N Text Bleeds Y N Common Bleeds Y N

**PRE-PRESS**

Disk Furnished _____	Program _____	<b>Process Color Work / Halftones / Duotones</b>				
Film Furnished _____	Plate Ready: Negs / Pos. _____	<i>Reflected</i>	<i>Transparencies</i>		<i>Outline</i>	
# Pages Up _____	Reader / Bindery Spreads _____	No. _____	Orig. Size _____	Foc _____	Final Size _____	<input type="checkbox"/>
Camera Ready _____	w/ overlays _____ w/o overlays _____	_____	_____	_____	_____	<input type="checkbox"/>
Screens: _____		_____	_____	_____	_____	<input type="checkbox"/>
Reverses: _____		_____	_____	_____	_____	<input type="checkbox"/>

PAPER STOCK: *Weight, Color and Grade*


<b>INK:</b>	Side 1	Coverage	Side 2	Coverage
Text:	_____	Lt. Med. Hvy.	_____	Lt. Med. Hvy.
Cover:	_____	Lt. Med. Hvy.	_____	Lt. Med. Hvy.
Other:	_____	Lt. Med. Hvy.	_____	Lt. Med. Hvy.

**PROOFS**

Dylux _____	Thermal Dylux _____
Fuji Proof _____	Imation _____
Perforate on Press _____ Scores _____ Press OK? _____	

**BINDERY:** \_\_\_\_\_ Saddle Stitch: \_\_\_\_\_  
 \_\_\_\_\_ Perfect Bind: \_\_\_\_\_  
 Punch/Drill \_\_\_\_\_ Shrinkwrap \_\_\_\_\_ to pkg. As Conv. \_\_\_\_\_  
 Folds to \_\_\_\_\_ Ship to: \_\_\_\_\_  
 Other \_\_\_\_\_

**SPECIAL INSTRUCTIONS OR OPTIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_

EST. # \_\_\_\_\_