State of Illinois
Department of Central Management Services

IOCI DESIGN PUBLICATIONS

PROJECT REQUEST FORM

IOCI Job No.:

To submit completed and signed form, **Fax:** 217-558-0769, **E-mail:** CMS.Graphics@illinois.gov or
Mail: IOCI Design and Publications, 401 S. Spring St., Stratton Office Building, Rm. 600, Springfield, IL 62706
For questions, contact Meredith Krantz at 312-814-6914 or by email at Meredith.Krantz@illinois.gov.

Agency work order number: _____

Project title: _____ Date submitted: _____

Contact: _____ Phone: _____ Date needed: _____

E-mail: _____ Quantity: _____

State agency/bureau: _____

Submitter's signature: _____ Liaison's signature (*if required by agency*): _____

DESIGN NEEDED

- ☐ AD
- ☐ BOOKLET
- ☐ BROCHURE
- ☐ COVER
- ☐ DISPLAY / BANNER
- ☐ FLYER
- ☐ FOLDER
- ☐ LOGO
- ☐ NEWSLETTER
- ☐ POSTCARD / INVITATION / ANNOUNCEMENT
- ☐ POSTER / SIGN
- ☐ STATIONARY / LETTERHEAD
- ☐ WEB CONTENT
- ☐ OTHER

PRINTER (*Please call if you need to discuss options.*)

- ☐ STATE AGENCY PRINTSHOPS
- ☐ DIGITAL PRINT
- ☐ OUTSIDE VENDOR:

_____

_____

OF COLORS (*Please call if you need to discuss options.*)

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ NOT SURE

Special instructions or comments (*include finished items needed, i.e., PDF, mounting, laminating, etc.*):

(IOCI STAFF USE ONLY)

PROOF TO CLIENT

Date(s) sent: _____ _____ _____ Date started: _____ Designer's initials:

Date(s) received: _____ _____ _____ Date completed: _____ _____