



# PROJECT REQUEST FORM

IOCI JOB No.: \_\_\_\_\_

To submit completed and signed form, **Fax:** 217-558-0769, **E-mail:** Darla.Follis@illinois.gov or  
**Mail:** IOCI Design and Publications, 401 S. Spring St., Stratton Office Building, Rm. 600, Springfield, IL 62706  
For questions, contact Darla Follis at 217-558-0768.

Agency work order number: \_\_\_\_\_

Project title: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Date needed: \_\_\_\_\_

E-mail: \_\_\_\_\_ Quantity: \_\_\_\_\_

State agency/bureau: \_\_\_\_\_ Agency program/division for billing: \_\_\_\_\_

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: \_\_\_\_\_