



# PROJECT REQUEST FORM

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

Submit completed and signed form to your designated IOCI designer, if known.  
If new to using IOCI Design and Publications, send via **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 us at CMS.Graphics@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.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROOF TO CLIENT** (IOCI STAFF USE ONLY)  
Date(s) sent: \_\_\_\_\_ Date started: \_\_\_\_\_ Designer's initials: \_\_\_\_\_  
Date(s) received: \_\_\_\_\_ Date completed: \_\_\_\_\_