Form valid
FALL 2026

DESIGN ORDER

printfx

Part 1 Contact Info

LAST:_____ FIRST:_____ OFFICE PHONE#:_____

DEPARTMENT:_____ DUE DATE:_____ CELLPHONE #:_____

Part 2 Order info

PLEASE NOTE THAT THE PRINTFX DESIGN RATE IS $35/HR.

**** Two day lead time required****

Please email pertinent files with order form to pfxorder@fitnyc.edu

PLEASE CALL IF YOU HAVE QUESTIONS: 212 217 5470

Design explanation (please attach examples if needed):

_____

_____

_____

_____

_____

_____

_____

STAFF ONLY

Job Number: _____

Date Received: ___/___/___

Time Start: Date ___/___/___ Time ___:___

Time End: Date ___/___/___ Time ___:___

Received by: _____ Worked by: _____ Qc'd by: _____

TOTAL HOURS: _____

DESIGN TOTAL: $_____

PRINT TOTAL: $_____

GRAND TOTAL: $_____

ON HOLD

Customer Notified

Date ___/___/___

Time on Hold ___:___

Initials: _____

(Circle:)
Spoke to Customer
Voice Mail
Emailed
Unreachable

Issue:

(Circle:)
Awaiting answer to proceed
File missing
File(s) won't open
Awaiting Approval

_____

_____

_____

_____

OFF HOLD

Date ___/___/___

Time Off Hold? ___:___

Solution:
☐ Expect new file
☐ Cancel Job
☐ Redesign W/ New Instructions

2nd time start
Date ___/___/___
Time ___:___

2nd time startt
Date ___/___/___
Time ___:___

Total Hours