

Multiple Piece Artwork Approval Form for Overlays

PLEASE DO NOT send back this form blank. It **ALL MUST** be filled out- even on repeats!
We **WILL NOT** begin production until this form is completed.

A Note from the Manufacturer:

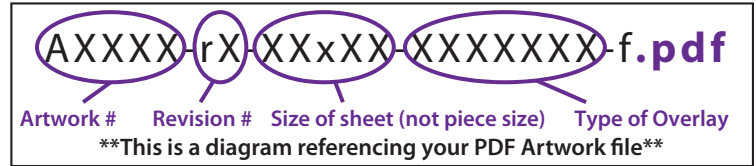
This Approval is for smaller overlays where many smaller pieces are printed on a larger sheet and cut to size.

The client is responsible for orientation, foreign language translations, spelling, punctuation, grammar, variable data, logos, graphics, colors, etc. These elements can be checked using the two PDF proofs provided.

These overlays cannot be modified once manufactured. Please don't rush through the review/approval process.

The "Artwork"

Use the PDF files you received via email when filling this section out. See diagram to the right for reference.



Layout

Artwork #: A _____ Revision # of artwork: r _____ Quantity of Small items you expect: _____

AXXXX-rX-XXxXX-XXXXXXXX-f.pdf

AXXXX-rX-XXxXX-XXXXXXXX-f.pdf

Note >> Size of sheet that pieces are printed on is for our internal use. You can ignore it.

Size

The size of your Pieces is shown in the margin of your PDF artwork file along with the sheet (image) size we cut the pieces from.
Size should be in 1/16 of an inch.

How tall (top to bottom) is each piece (in inches): _____"

How wide (left to right) is each piece (in inches): _____"

Type

Our overlay will be a:

3M Peel & Stick Sticker (permanent) Magnet (removable) To be Dry Erase Not Dry Erase

Data

Ignore this section if you were not sent a spreadsheet for approval.

The spreadsheet if attached is what was used to generate each piece. If the spreadsheet is wrong the pieces will be wrong.

No Spreadsheet sent and pieces in file look fine.

Spreadsheet I approve is revision _____ and matches the pieces in the artwork file.

I have proofread the file and text is correct.

I have carefully inspected the graphic elements including dividing lines, clip art, logos, and colors and hereby approve the quality, alignment, and appearance of the pieces.

By signing this approval, I understand that the pieces are custom made and are not returnable for any of the approved items on this form. I understand that I will get exactly what I am signing off on and I will accept what I have approved. I understand that any deviations or defects from the approved artwork will be replaced at Indoff's expense.

Your Signature and Date

Your Supervisor's Signature and Date (Optional)

Purchase Order Number from Purchasing or Materials Dept. (Optional)

Purchasing Organization, Company, or Hospital

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Indoff  **Hospital Boards**