

# type **e/t/c** PROOF COPY SLIP

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Client \_\_\_\_\_ Job # \_\_\_\_\_

Date \_\_\_\_\_ Proof # \_\_\_\_\_

Job Description \_\_\_\_\_

## PLEASE READ CAREFULLY

Please proof read for spelling, punctuation, size (fonts and photos), numbers, placement of copy, and color breaks. Any revisions OR changes by originator will necessitate an additional charge.

## PLEASE NOTE

If you O.K. this proof and errors do remain we cannot be held responsible! We will only make changes that are marked on the proof.

Further process of this job requires signed authorization. Please check one:

- OK to print with **NO CHANGES**
- OK to print **with changes** marked on proof.  
(May incur additional charges.)
- Make changes indicated on proof and **show revised proof**. (May incur additional charges.)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (please print) \_\_\_\_\_