



APPROVAL OF ARTWORK / RELEASE FOR REPRODUCTION

State Form 46036 (R3 / 8-14)
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

INSTRUCTIONS: Please return the proof(s) and completed form to FSSA Art Department (MS39), Indiana Government Center South, Room W-451.

Name of requestor	Name of division / section	State form / brochure number (If applicable)
Title of graphic job		Graphic job number
Name of person who prepared artwork	Telephone number ()	Date proof sent for approval (month, day, year)

Attached is a proof of the job you requested.

- Please read the attached proof carefully; YOU are responsible for any typographical errors.
- Please indicate any corrections in red directly on the proof, and if structural or extensive changes to the proof are necessary, explain this in the space provided under "Explanation/Notes". (See item 4.)
- Please check (✓) only one of the following:
 - APPROVED AS IS If the proof is "APPROVED AS IS", sign and date where indicated. Return this form with the approved proof along with either an approved Internal Requisition (SF 39835), or if applicable, a Request for Print Service (SF 44874).
 - APPROVED WITH CORRECTIONS If the proof is "APPROVED W / CORRECTIONS," explain in the space provided under "Explanation/Notes" (See item 4.) what is to be corrected, sign and date where indicated. Return this form with the proof showing corrections and Internal Requisition (SF 39835), or if applicable, the Request for Print Service (SF 44874).
(No proof is needed after correction.)
NOTE: You will not see a new proof after corrections have been made.
 - NOT APPROVED If the proof is "NOT APPROVED" do not sign this form. Explain the corrections in the space provided under "Explanations/Notes". (See item 4.)
- Explanations/Notes:

Signature of requestor (Required)	Date Signed (month, day, year)
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RECOMMENDATIONS FOR PRINTING SPECIFICATIONS

Paper			
Ink(s): <input type="checkbox"/> Four (4) color process <input type="checkbox"/> Four (4) color process + <input type="checkbox"/> PMS (1) _____ <input type="checkbox"/> PMS (2) _____ <input type="checkbox"/> PMS (3) _____ <input type="checkbox"/> PMS (5) _____			
Size	Bindery		
Other written recommendations/instructions			
Paperwork sent to			Date (month, day, year)
Artwork received by	Date (month, day, year)	Released by	
<input type="checkbox"/> Blue line (If applicable)	Date of approval (month, day, year)	<input type="checkbox"/> Match print (If applicable)	Date of approval (month, day, year)