## PROOF APPROVAL / CHANGE ORDER

**CUTOMER :**

**Date:**

**JOB :**

| Page | Correction/Problem | Action | Comp Oper Initial |
|---|---|---|---|
| | **INCLUDE VISUALS WITH CHANGE ORDER AND CIRCLE CORRECTION(S)** | | |
| | **please send crx and visuals to: 215.726.2930 *(bus hrs)*** | | |
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***Bluelines have been reviewed and any corrections or changes are detailed in the space above.***

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|---|---|
| | APPROVED AS IS. |
| | APPROVED WITH CORRECTIONS PLACED / MADE. |
| | CORRECTIONS : FAX CORRECTION |
| | CORRECTIONS : COMPLETE NEW PROOF WANTED BY CUSTOMER |

**Customer Signature:**

**Supervisor Signature:**