

Contact Information

Order Number _____

Department Contact _____

Department Name _____

Local Contact Number _____

Department Index _____

Date Submitted: _____

Date Required _____ (ASAP is NOT a date.)

Name of Item _____

Format sent to Copy Center Disc/Drive Email Hard Copy

Name of Electronic File: _____

Proof (A proof is recommended for all documents sent electronically.) Yes No

Approved _____ Not Approved _____

Special Instructions Yes No

Quantity Requested _____

Number of Originals _____

(How many copies?)

(How many pages? Ex. 3 pages front-to-back = 6 originals.)

Copies

Ink/Toner full color black only color & black (please mark pages)

Page Size 8.5x11 (letter) 8.5x14 (legal) 11x17 (tabloid/ledger) 12x18

Paper Weight Standard Premium Coverstock Gloss Cover

Paper Color: _____

Special Paper: Tabs Transparencies Clear Covers Black Backs

\$ _____

Other (special order) _____ Other (provided) _____

\$ _____

Duplexing Single-Sided Front-to-Back Mixed (please mark pages)

\$ _____

Collation Yes No

Stapling Yes No If Yes, where and how many staples: _____
(Does not include Booklets)

\$ _____

Hole Punch Yes No If Yes, where and how many holes: _____

\$ _____

Finishing

Binding Plastic Comb Tape Coil Booklet 5.5x8.5 Booklet 8.5x11

\$ _____

Cutting Yes No Trim Size _____ Yield (How many cut pieces?): _____

\$ _____

Pads Number of Pads _____ Sheets per pad _____ Top Side

\$ _____

Lamination Laminate Mount Pouch
 8.5x11 8.5x14 11x17 Other _____

\$ _____

Folding Bifold Trifold Z-fold Other _____

\$ _____

Mailings Stuff/Seal Clear Mail Tabs Labels

\$ _____

Other Shrink Wrap Fax _____

\$ _____

Please allow a minimum of 24 hours for the completion of each request.

Total: \$ _____