

Printing Services Order Form

Phone - 332-4367/4839

Fax - 332-4310

Date _____

Date needed _____

Requester's signature _____ Phone _____

Department _____ Deliver to _____

Description of job _____

No. of originals _____ Total quantity _____ Paper color _____ Size _____

Special Instructions _____

Check one: black/white copies 4-color copier PRESS
 1-color 2-color 4-color Laminate _____ \$ _____
 Transparency _____ \$ _____

Please check appropriate items if needed:

- | | | |
|--|---|--|
| <input type="checkbox"/> Reverse side printing (back-up) | <input type="checkbox"/> Fold-- <input type="checkbox"/> Type in <input type="checkbox"/> Type out
<input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> "Z" <input type="checkbox"/> Special | <input type="checkbox"/> Number-- Start # _____
End # _____ |
| <input type="checkbox"/> Collate-- 1, 2, 3, (consecutive)
<input type="checkbox"/> Single page(s) | <input type="checkbox"/> Punch-- 1 2 3 holes | <input type="checkbox"/> Pad-- <input type="checkbox"/> Top <input type="checkbox"/> Side
Sheets per pad 100 50
<input type="checkbox"/> Special _____ |
| <input type="checkbox"/> Staple -- <input type="checkbox"/> Top <input type="checkbox"/> Side
<input type="checkbox"/> Bottom <input type="checkbox"/> Saddle | <input type="checkbox"/> Cut-- <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4
<input type="checkbox"/> Special _____ | <input type="checkbox"/> Books-- <input type="checkbox"/> Spiral Bind <input type="checkbox"/> Thermal
<input type="checkbox"/> Staple <input type="checkbox"/> Special _____ |
| <input type="checkbox"/> Score _____ | <input type="checkbox"/> Perforate-- _____ | |

Print Office use only:

LABOR

	Time	Cost		Time	Cost		Time	Cost	Total Cost
Set-up Time			Press Run			Pad			
Art Work			Collate			Perforate			
Plate Making			Cutting			Staple-Bind			
			Punch			Wrap-Fold			

LABOR TOTAL \$

• COPIER--Black Copies { Start # _____ End # _____ Total run _____ } **BLK COPIER TOTAL \$**

• COPIER--Color Copies { Start # _____ End # _____ Total run _____ } **COLOR COPIER TOTAL \$**

PAPER	No. of Sheets	Wt.	Color Stk.	Color Ink	Print Size	Actual Size	Cost

Special Instructions _____

Total Cost _____

PROJECT COST _____

DATE COMPLETED _____