

PRINTING SERVICES JOB ORDER

OFFICE USE ONLY

Job Number: _____

Department to be billed: _____ Deliver to (Building/Room): _____

Budget Code: _____
(index) (fund) (organization) (account) (program)

Requested by (Name & Department): _____ Phone: _____

Job Title: _____ Date: _____ Date Due: _____

Quantity: _____ No. of Pages: _____ Page Size: _____ Black and White ColorRerun: Yes, as is Yes, with Changes Graphic Design Required (Please consult Printing Services in advance)**XEROX**

- | | |
|--|---|
| <input type="checkbox"/> Impressions _____ / _____
<small>Office use only</small> | <input type="checkbox"/> 20# Color _____ |
| <input type="checkbox"/> Letterhead (generic) | <input type="checkbox"/> 24# Stock _____ |
| <input type="checkbox"/> 20# White | <input type="checkbox"/> 60# Stock _____ |
| | <input type="checkbox"/> 70# Stock _____ |
| | <input type="checkbox"/> 110# Color Index _____ |
| | <input type="checkbox"/> Special* _____ |
- * Printing Services must be consulted in advance to order special paper and ink.

BINDERY

- | | |
|--|---|
| <input type="checkbox"/> Backed _____ | <input type="checkbox"/> Punch _____ |
| <input type="checkbox"/> Collate _____ | |
| <input type="checkbox"/> Staple _____ | <input type="checkbox"/> Book Maker _____ |
| <input type="checkbox"/> Fold _____ | <input type="checkbox"/> Cut _____ |
| | <input type="checkbox"/> Coil Bind _____ |
| <input type="checkbox"/> Pad _____ | <input type="checkbox"/> Tape Bind _____ |

DISTRIBUTION

- 1 copy per Office/Department
- Full Time Faculty
- Part Time Faculty
- Adm. Staff (inc. Hall Directors)
- Tech Staff
- Support Staff
- Physical Plant
- On Campus Students

Additional Instructions: _____

_____**OFFICE USE ONLY**

Date Billed _____

TOTAL _____