

Publishing Center Order Form

Signature releases approval of all charges. Jobs without signatures might not be produced. For questions regarding this form please call x 5224.

Signature of Person Responsible For Departmental Budget _____

Purchase Order Number _____

Todays Date _____ # of Pages _____

Date Needed _____ # of Copies _____

Name _____ Phone _____

Dept. _____ Fax _____

Title of Job _____

Job # _____ _____

DELIVER THIS JOB TO: BUILDING _____ ROOM # _____

Special Instructions: _____

COPY CENTER

B&W Copies Color Copies

Paper

Bond Cover
 3H punched
 Special _____

Carbonless:

2 part 3 part 4 part

Color of Paper

White Color _____

Copy Info

1 sided 2 sided

Personalized Memo Pads

1/2 Sheet 1/4 Sheet
 50 Sheets 100 Sheets

FINISHING

Collate

Yes (sets) No (each page separated)

Stapled

Yes No

Bind

Tape GBC Velo Pad
 Saddlestich (center stich & fold)
 Other _____

Fold*

*Print Should Face:

Inside Outside
 Half Letter
 Double Parallel

Cut to

5.5x8.5 (half Sheet)
 4.25x5.5 (Qtr. Sheet)
 Other _____

