

Date: \_\_\_\_\_ Delivery Date : \_\_\_\_\_  
 Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Budget Number: \_\_\_\_\_ Activity Code: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Number of Copies: \_\_\_\_\_ Number of Originals: \_\_\_\_\_

<p><b>Duplicating:</b></p> <input type="checkbox"/> Quick Copy	<p><b>Punch:</b></p> <input type="checkbox"/> 3 HOLES	<p><b>Cuts:</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<p><b>Material Dispositions:</b></p> <input type="checkbox"/> Call when ready <input type="checkbox"/> Will pick up <input type="checkbox"/> Intercampus mail <input type="checkbox"/> Send Fac-Ops To: _____ Building: _____ Room: _____
<p><b>Size:</b></p> <input type="checkbox"/> 8 ½ X 11 <input type="checkbox"/> 8 ½ X 14 <input type="checkbox"/> 11 x 17 <input type="checkbox"/> Other	<p><b>Paper:</b></p> <input type="checkbox"/> White <input type="checkbox"/> Color: _____ <input type="checkbox"/> White Index <input type="checkbox"/> Color Index: _____	<p><b>Bindery:</b></p> <input type="checkbox"/> Staple (top left) <input type="checkbox"/> 2 Staple (side) <input type="checkbox"/> Saddle Stitched	<p><u>Printing Service Use Only</u></p> <p><b>Cost Of Job:</b> _____  <b>Date Billed:</b> _____  <b>J-Number:</b> _____</p>
<p><b>Prints:</b></p> <input type="checkbox"/> One-Sided <input type="checkbox"/> Two-Sided <input type="checkbox"/> Two-Two <input type="checkbox"/> Head-to-Foot <input type="checkbox"/> Booklet <input type="checkbox"/> Other	<p><b>NCR:</b></p> <input type="checkbox"/> 2PT <input type="checkbox"/> 3PT <input type="checkbox"/> 4PT <input type="checkbox"/> Other	<p><b>Fold:</b></p> <input type="checkbox"/> Half <input type="checkbox"/> Z Fold	
<p><b>Ink:</b></p> <input type="checkbox"/> Black and White <input type="checkbox"/> Color	<p><b>Order:</b></p> <input type="checkbox"/> Letterhead <input type="checkbox"/> Business Cards <input type="checkbox"/> Envelopes <input type="checkbox"/> Other	<p><b>Padding:</b></p> <input type="checkbox"/> Top <input type="checkbox"/> Left	
<p><b>Special Instructions:</b></p>			

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**AUTHORIZED SIGNATURE:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_