

WORK ORDER FOR PRINTING SERVICES

Date: _____ Bureau: _____

Division: _____ Program: _____

Employee: _____ Phone Number: _____

Name of Job: _____

Special Instructions: _____

CHECK APPLICABLE BLANKS AND COMPLETE THE FOLLOWING INFORMATION:

_____ One Sided _____ Two Sided _____ As Is _____ 3 Hole Punch Color _____

_____ Collated _____ Stapled _____ Folded _____ Bound

Number of Originals _____ Copies per Original _____ Total Number of Copies _____

Paper Furnished by Requestor _____ Requested Delivery Date _____
(Y or N)

Signature

Date

PROVIDE ACCOUNT CODES BELOW:

_____ Budget Fiscal Year _____ Business Area _____ Fund Number

_____ Functional Area _____ Cost Center _____ Internal Order Number

PRINT SHOP USE ONLY

# of Copies		Cost per Copy	Total Amount
	With Paper Furnished	@	\$
	With Paper Furnished 2-Sided	@	\$
	Without Paper Furnished	@	\$
	Without Paper Furnished 2-Sided	@	\$
	Binders Used	@	\$
	Saddle Stitch	@	\$
		Total Amount	\$