

Printing Services Order Form

Name: _____	Account #: _____
Department: _____	Ext. _____ Email: _____
Today's Date: _____	Date & Time Due: _____

Delivery Information

Location: (Building/Room or MSC#) : _____ Please Hold for Pick UP: _____

Description: _____

General Printing

# Copies (sets needed)	# Original
Color Prints:	Black and White:
Paper Size:	8.5x11 8.5x14
	11x17 12x18
Single Sided	Double Sided
<u>Paper Color:</u> _____	
Text	Card Stock
Other: _____	

Finishing

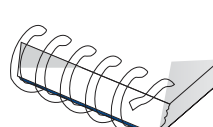
Collate	Non-Collate	3 hole Punch
Half Fold	Tri-Fold	Other _____
One Staple	Two Staples	Booklet Staple
Laminate	Size: _____	
Cut:	Finished Size: _____	
Pad (50s)	# Pads needed: _____	

Over Sized Printing


Quantity: _____	Size: _____
Paper:	Matte Gloss

Additional Notes

Binding Options



Coil Bind



Tape Bind

Cover Color: _____

Special Instructions: _____

Pricing

Copies: \$ _____

 \$ _____

Bindery: \$ _____

Other: \$ _____

TOTAL \$ _____

To use this form, save to your desktop and open in Acrobat.

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