


One work order per copy request is required. Please allow 24 hours to complete your job.

CLASS OR DEPT:	PHONE:	DATE:	
REQUESTOR:	DATE DUE:	TIME DUE:	
TITLE OF MATERIAL:	NOTIFY WHEN READY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL: _____		
** PLEASE NOTE: A DUE DATE IS REQUIRED TO AVOID ANY DELAY IN YOUR WORK REQUEST **			
FILL IN CHOICES BELOW: _____ How many printed originals? (per side) _____ How many copies? _____ Color of Paper stock _____ Color of Cardstock: <input type="checkbox"/> front <input type="checkbox"/> back <input type="checkbox"/> other Transparent Covers: <input type="checkbox"/> front <input type="checkbox"/> back Cut: <input type="checkbox"/> yes Dimensions: _____ x _____ NCR (carbon copy) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> part Color Copies * <input type="checkbox"/> yes *Over four color copies must have chairperson's signature. X _____		CHECK OPTIONS: <input type="checkbox"/> One-sided <input type="checkbox"/> Back-to-back <input type="checkbox"/> Collate <input type="checkbox"/> Staple <input type="checkbox"/> 3-hole Punch <input type="checkbox"/> Pad <input type="checkbox"/> Fold <input type="checkbox"/> Half <input type="checkbox"/> Tri-fold <input type="checkbox"/> Other <input type="checkbox"/> Bind <input type="checkbox"/> Comb <input type="checkbox"/> Tape <input type="checkbox"/> *Saddle Stitch <input type="checkbox"/> Laminate *Saddle Stitch booklets must have a page count that is divisible by 4	
<input type="checkbox"/> Design / Word processing* DO YOU WANT TO PROOF? <input type="checkbox"/> YES *Design & Word processing requires 5 working days to complete.		<div style="text-align: center;">  <p><i>Requestor takes full responsibility to conform with all copyright laws</i></p> </div>	
Typist / Designer: _____ # of Typed Pages : _____ Proofed by: _____			
SPECIAL INSTRUCTIONS:			
			CHARGES:
			Xerox
		Color	
		Masters (wide format printing) WFP Misc Total	
PROGRAM: _____ BUDGET NUMBER: _____			
OPERATOR INITIALS: _____			

REPRO ONLY

ALL RESTRICTED PROGRAMS MUST SUBMIT A BUDGET NUMBER FOR PROCESSING

NOTICE

Classified Staff: Production will halt until a budget number is provided. **Faculty:** Dept. budget number will be charged at the end of the month.

It is the department's responsibility to keep and save this receipt. If you have any questions or need to dispute a charge, please retain and refer to this receipt.