



REQUEST FOR PRINTING SERVICES

REQUESTING DEPARTMENT: _____ REFERENCE # _____
 DATE _____
 CALL WHEN READY: _____ DELIVER TO: _____ (NAME) _____ (ROOM/BUILDING) _____
 FOR INFORMATION ABOUT JOB, CONTACT: _____ EXTENSION NO. _____
 REQUESTED DELIVERY DATE: _____ **CHARGE TO FOPAL** _____

ITEM NO.	TOTAL QUANTITY ORDERED	DESCRIPTION
1		
2		
3		
4		
5		
6		

When submitting electronic files for printing you are required to submit a laser copy of each electronic file with the requisition.

AUTHORIZATION TO CHARGE

ITEM NO. _____	ITEM NO. _____	ITEM NO. _____
<input type="checkbox"/> Single	<input type="checkbox"/> Staple	<input type="checkbox"/> Large Format Poster
<input type="checkbox"/> Two Sided	<input type="checkbox"/> Fold _____ Time (s)	<input type="checkbox"/> Laminate Poster
<input type="checkbox"/> 8 1/2 x 11	<input type="checkbox"/> Pad _____ # of sheets per pad	<input type="checkbox"/> Mount Poster
<input type="checkbox"/> 8 1/2 x 14	<input type="checkbox"/> Collate	
<input checked="" type="checkbox"/> 11 x 17	<input type="checkbox"/> Perforate / Score	
<input type="checkbox"/> Envelope	<input type="checkbox"/> Insert	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Paper Color _____	<input type="checkbox"/> Mailing _____	
<input type="checkbox"/> Weight _____ 70# _____ Card Stock		
<input type="checkbox"/> _____ Other		
<input type="checkbox"/> Regular Finish		
<input type="checkbox"/> Gloss Finish		
<input type="checkbox"/> Ink Color (s) _____		
<input type="checkbox"/> Carbonless _____ — Part		

ALL INSTRUCTIONS MUST BE WRITTEN ON ORDER FORM

SPECIAL INSTRUCTIONS: _____

**FOR QUESTIONS REGARDING THIS JOB, CALL 3289 AND REFER TO THE REFERENCE NUMBER.
 WHITE AND CANARY COPIES MUST ACCOMPANY JOB, RETAIN PINK COPY FOR YOUR RECORDS.**