Copy Center Work Order

Date: ____________________  Extension: ____________________

Department: ____________________

Requestor (First & Last Name): ____________________

Budget Manager Approval (initials): ____________________

Copying / Printing Services

Total Sets Requested ______

☐ Exam  ☐ Distribution: ______

Paper Size

☐ Letter (8 1/2 x 11) (Default)  ☐ Front: Clear Cover  ☐ 20/24# White (Default)

☐ 3 Hole Punch (Letter)  ☐ Front: Index  ☐ 20# Color:

☐ Legal (8 1/2 x 14)  ☐ Color: ______  ☐ 24# AstroBrite/Hots: ______

☐ Ledger (11 x 17)  ☐ Back: Index  ☐ 90# Index: ______

*White Only  ☐ Color: ______  ☐ Parchment: ______

Ink:  ☐ Full Color  ☐ Black & White

Your originals are:  ☐ Single Sided  ☐ Double Sided

Your copies are to be:  ☐ Single Sided  ☐ Double Sided

Paper Stock

☐ 90# Index: ______

☐ Parchment: ______

☐ Transparency

Type (Circle One): Black & White  Color

Available Paper Colors

Pastel Color (Letter and Legal)

White  Green  Blue  Salmon *
Gray  Yellow  Cherry  Peach *
Lilac  Buff/Ivory
* - Letter Only  + - Legal Only

AstroBrite/Hots (20/24# Letter Only)

Orange  Blue  Red  Lime
Lipstick  Green  Daffodil

Parchment (Letter Only)

White  Gray  Pink  Blue  Peach

Distribution Lists

A (14)  B (30)
C (60)  D (94)
E (558)  F (280)
G (1800 Fa/Sp) ( 600 Su)

FOR OFFICE USE ONLY

Computer Original ☐  SS Originals Given ______

Originals Given ______  SS  DS  Copies Made ______  DS  SS  Initials ______

Binding/Finishing Size ______  Cuts ______  External # ______

Subtotal $_______

Tax $_______

TOTAL $_______

FOR OFFICE USE ONLY

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