COPY CENTER WORK ORDER

PLEASE NOTE: A separate work order form must be filled out for EACH IPO line item.

Contact Person_________________________________________ Phone________________________

☐ Include sample with order. Specific Date Needed:_____________________________________

<table>
<thead>
<tr>
<th>IPO Line Item #</th>
<th>Quantity</th>
<th>Item</th>
</tr>
</thead>
</table>

Number of originals:______________ Number of copies:______________ Total Copies:______________

☐ 8-1/2x11 20# white   ☐ Front only   ☐ Fold
☐ 8-1/2x11 20# color    ☐ Front and back regular ☐ Drill Number of holes _______ Position _______
☐ 8-1/2x14 20# white    ☐ Front and back tumble ☐ Trim Size_______________________________________
☐ 8-1/2x14 20# color    ☐ Collate       ☐ Pad No. of sheets per pad ___________________
☐ 11x17 20# white       ☐ Binding: ☐ Staple ☐ Tape ☐ Plastic
☐ 11x17 20# color       ☐ Other________________________

DELIVERY INSTRUCTIONS

Pick up: Call_________________________________________ Phone # ____________________________

Deliver to: Name____________________________________ BUILDING/ROOM________________________

DISTRIBUTION

For distribution by Mail Services, please check the option that applies to your mailing distribution below:

☐ President, VPs, Deans, Directors, Department Chairs ☐ All Staff
☐ Administrative Faculty ☐ All Faculty & Staff
☐ Academic Faculty ☐ One per Mail Stop
☐ All Faculty

FOR COPY CENTER USE ONLY

Operator:_________________________ Copy price:_________________________
Run date:________________________ Bindery:_________________________
Total b/w imps ____________________ Misc.:_________________________
Total color imps __________________ TOTAL:_________________________