



DATE _____

IPO #

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: _____

IPO Line Item #	Quantity	Item

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: _____