Work Order Form Instructions

All printing requests sent to University Printing Services need to be accompanied by a work order form. This is to insure we process the request effectively to meet your time frame and specific project criteria.

- Complete the top box which includes the department name, order description, FOAP Account number, Date in and Date needed by.
- Fill in the final quantity needed, number of originals supplied, Black or Color ink and Paper Size/Type if you know them.
- If you have questions regarding any of the information call our main office line 468-2305 or 468-1796, and we will be happy to assist you.
- After you have completed the top box and general description of the project, please print out the copy and fax or mail it to us.
  - Our fax number is 468-5838.
ALL INFORMATION in this box must be completed when work is submitted

Department ________________________________________
Order Description ____________________________________
FOAP Account# ___________________________ / ______ / 772730 / Email ____________________________
Date in __________ DATE NEEDED __________ 1WK/2WK Post Office Box# __________________________
Authorized (Print) ___________________________ Picked up by __________________________

*PLEASE ATTACH A SAMPLE IF AVAILABLE*

*SPECIAL INSTRUCTIONS / OR STAMP TEXT

*OFFICE USE ONLY*

ENVELOPES: ATTACH SAMPLE
☐ 10 Plain ☐ 9 Plain ☐ Campus
☐ 10 Window ☐ 9 Window ☐ Invitation
☐ 25% Cotton ☐ Other ____________________

FINISHING INFORMATION:
☐ Bind: ☐ Coil ☐ Comb ☐ FastBack ☐ Spine Print
  Write spine print in special instructions area above*
  Bind Color ______________ Size __________ Print Color ______________
☐ Index Tabs: (cuts) ____________ ☐ Drill/Holes ____________
☐ Collate/Assemble ☐ Staple ____________ ☐ Fold ____________
☐ Perf ☐ Score ☐ Mailing Tabs:
☐ Cut: Finished Size ____________
☐ Pad: No. of Pads ____________ Sheets Per ____________
☐ Chipboard ☐ Laminate ☐ Transparency ☐ Shrinkwrap
☐ Scan ☐ Burn ☐ .PDF

STAMPS SIZE: PLEASE CHECK
☐ 1850 ☐ 1438 ☐ 2020 ☐ 1060
☐ 2260 ☐ 4090 ☐ 3030 ☐ 3458
☐ 2770 ☐ 1212 ☐ 4040
☐ COLOR: ☐ BLK ☐ RED ☐ GREEN

• OFFICE USE ONLY •

Impressions: __________ Service: Typeset____ Press____ X____ Color____ Finish____ Date Completed __________

Invoice Total

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Cost</th>
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SUBTOTAL $________
STATE TAX $________
TOTAL COST $________

Notified By: ____________________________________________
Date Notified: ___________________________ Picked Up Date: __________