

Copy Center Work Order

UVU Printing Services
e-mail: copycntr@uvu.edu

- Please Allow One to Twenty-Four Hours for Completion -

Department _____ Submitted by _____ Phone _____

Date Submitted _____ Due Date _____ Order Received By _____

Job Title(s) and Description(s):

Job 1 _____

Job 2 _____

Job 3 _____

PICK-UP Student Center (SC 101 G)
 Gunther Trades (GT 516 D)

Banner Index

One Banner Number per Work Order

JOB SPECIFICATIONS

	Job 1	Job 2	Job 3
Number of Originals	_____	_____	_____
Qty. Ordered	_____	_____	_____
Print one side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print both sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collate & Staple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collate w/o Staple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncollated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drill/Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shrinkwrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 1/2 x 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 1/2 x 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 x 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 x 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PAPER	PAPER	PAPER
<input type="checkbox"/> White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Colored	_____	_____	_____
<input type="checkbox"/> Astrobright Text	_____	_____	_____
<input type="checkbox"/> Astrobright Cover	_____	_____	_____
<input type="checkbox"/> Vellum Bristol Cover	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
	Konika	Konika	Konika
<input type="checkbox"/> Color Copier - Color	_____	_____	_____
<input type="checkbox"/> Color Copier - B&W	_____	_____	_____
<input type="checkbox"/> Transparency - Color	_____	_____	_____
<input type="checkbox"/> Transparency - B/W	_____	_____	_____
	OTHER	OTHER	OTHER
<input type="checkbox"/> Coil Bind	_____	_____	_____
<input type="checkbox"/> Cloth Bind	_____	_____	_____
<input type="checkbox"/> Cover	_____	_____	_____
<input type="checkbox"/> Cut	_____	_____	_____
<input type="checkbox"/> Laminate	_____	_____	_____
<input type="checkbox"/> Fold	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

BILLING

For Office Use Only	
Job #1	
Sub Total	
Job #2	
Sub Total	
Job #3	
Sub Total	
TOTAL	

SPECIAL INSTRUCTIONS
