



Printing Services Order Requisition

General Information

Today's Date: _____

Job Name: _____

Date Due: _____

Ordered By: _____

Department: _____

E-mail: _____

Department Account # ___ ___ ___ ___

Telephone #: _____

Award # (if applicable) ___ ___ ___ ___

Natural Account # ___ ___ ___ ___

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Requested Production

File Name: _____

Collate

Folding

of Copies: _____

Staple

Padding

of Pages: _____

Saddle Stitch

Plastic Spiral Binding

One Sided

2 Side Stitching

Wire-O Binding

Two Sided

Cutting

3 Hole Punch

Shrink Wrap

Laminating

Toner Color Black Colour Assorted Pages of Black & Colour

Paper Stock

Paper Size

Paper Stock

Paper Colour

8.5" X 11"

20lb Bond

White

8.5" X 14"

Letterhead

Colour (Specify): _____

11" X 17"

Stock Supplied

Covers

Toner Color Black Colour Assorted Pages of Black & Colour

Special Instructions: _____

Delivery Instructions

Pick Up in Printing Services

Call for Pick-Up (Extension): _____

Internal Mail Delivery

Department: _____

Room #: _____

For Internal Office Use Only

Design: _____ Bindery: _____ Other: _____

Operator: _____

Job #: _____ Total \$: _____