

# Printing Services Work Order

Operator Name: \_\_\_\_\_ Recv'd Date: \_\_\_\_\_ Date PROOF sent: \_\_\_\_\_ Requisition #: \_\_\_\_\_

CUSTOMER INFORMATION: PLEASE PRINT						PSP#	PRODUCTION LOCATION
Job Description:						DATE DUE	Print Shop _____
Department Name:						PO# (outsource only)	Outsource _____
Dept Billing Contact:							Invoice #
Account#:					-		Billing Contact Phone #:
Ordered By: (Please Print)						Ordered by Phone #:	
Deliver to: (Bldg & Rm#)							

## ORDER INFORMATION

PRINTING:		Printer	Size	Size	Size	Paper Color	Paper Type
Set							
Sheets:							
B/W:	SGL DBL		8.5 x 11	8.5 x 14	11 x 17		Text Gloss CardStock
Color:	SGL DBL		8.5 x 11	8.5 x 14	11 x 17		Text Gloss CardStock
Inserts:	SGL DBL COLOR		8.5 x 11	8.5 x 14	11 x 17		Text Gloss CardStock
Cover:	SGL DBL COLOR		8.5 x 11	8.5 x 14	11 x 17		Text Gloss CardStock
Tabs:			8.5 x 11	8.5 x 14	11 x 17		Text Gloss CardStock

**ORDER NOTES:**

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FINISHING:		PARTS:		SETS:	SEQUENCE COLOR:
Bindery:	Coil: (Color)				Cut Size:
Cover (Mat):	Front: (Color)		Back: (Color)		Fold Type:
Collate:					Pad #:
Drilling:					Score/Perf:
Staple: (Specify Area)					Add Ons:

STATIONARY:	Qty	Qty	Qty	Qty	Qty
Business Cards	250	500	750	1000	
Letterhead	500	1000	1500	2000	2500
Envelopes	500	1000	1500	2000	2500
Window Envelopes	500	1000	1500	2000	2500

POSTER:	Size	Qty	Description of Work:
			Gloss Foamcore Mount
			Gloss Foamcore Mount

SIGNAGE:	Directional Sign	Yard Sign	Custom
Start Date:			
Time:			
End Date:			
Time:			

DELIVERY INFORMATION:		TOTAL AMOUNT DUE:	FOR ACCOUNTING USE ONLY
Customer Signature:		\$	Initials: _____
Printed Name:			Date Received: _____
Date:	Delivered by:		