

P.A.C.S. #10 - _____ - _____ - _____ - _____ - 4510. _____ - _____ - _____
Location Responsibility Program Activity Object SSN (last 4 only)

Student Fee Based Account #10 - _____ - _____ - _____ - _____ - 4511.00 - _____

Santa Rosa Junior College Graphics Services & Copy Center WORK ORDER

DELIVERY LOCATION _____
(Location)

AUTHORIZED BY _____
(Print out name in full)

DEPARTMENT / COURSE _____

PHONE / EXTENSION _____

DATE ORDERED _____ DATE NEEDED* _____

NAME OF JOB _____

PRINT ON: ONE SIDE 2 SIDES 3-HOLE PUNCH

COLLATE STAPLE PAD BULK MAIL

SHRINK WRAP COILBIND COMBBIND WIRE BIND

SPECIAL MATERIALS: TRANSPARENCY ASTROBRIGHTS

FOLD   
Letter fold Double parallel Fold in half

20# PAPER COLORS: WHITE BLUE PINK LILAC

GREEN SALMON BUFF YELLOW

CUT SIZE _____ **STOCK** _____

OTHER INSTRUCTIONS: Confer with Staff to determine scheduling and turnaround on complex jobs. **ATTACH A SAMPLE, PLEASE!**

NUMBER OF ORIGINALS _____

FINISHED QUANTITY _____
(No. of Cards, Forms, etc.)

2-SIDED ORIGINALS

GRAPHICS SERVICES USE ONLY

NUMBER OF COPIES _____

TOTAL COPIES _____

PREPRESS/DESIGN _____

PLATES _____

PRESS SET-UP _____

PAPER _____

BINDERY _____

STAPLE _____

BULK MAIL HANDLING _____

COLOR COPIES _____

IMPRESSION CHARGE _____

+10% ONE-SIDE ONLY _____

OTHER _____

TOTAL CHARGES _____

BUSINESS CARD INFORMATION

Name: _____

Title: _____

Department Name: _____

E-mail: _____

Telephone No: _____

FAX No: _____

LETTERHEAD INFORMATION

Department Name: _____

Telephone No: _____

FAX No: _____

ENVELOPE INFORMATION

#10 Regular #10 Window #10 Letterhead Envelope

Department Name: _____

Graphics Services & Copy Center Department Use Only

Received Date: _____ Approval Date: _____ Completion Date: _____

Printer/Date: _____ Courier/Date: _____ Job Number: _____

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COLOR COPIES _____

IMPRESSION CHARGE _____

+10% ONE-SIDE ONLY _____

OTHER _____

TOTAL CHARGES _____

BUSINESS CARD INFORMATION

Name: _____

Title: _____

Department Name: _____

E-mail: _____

Telephone No: _____

FAX No: _____

LETTERHEAD INFORMATION

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Telephone No: _____

FAX No: _____

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