

PRINTING SERVICES

UNIVERSITY OF MINNESOTA

ST. PAUL 8 Student Center

MAYO D-104 Mayo

WEST BANK 33 Social Science

COFFMAN G14 Coffman Union

DIGITAL PRINT CENTER ORDER FORM

		720303					
Fund	Dept ID	Account #	Program	Project	Chart Field 1	Chart Field 2	FIN Empl ID

DATE OF ORDER		DATE DUE		DELIVER TO			
DEPARTMENT				TIME _____			
FOR FURTHER QUESTIONS CONTACT							
NAME:		PHONE:					
<input type="checkbox"/> CALL WHEN READY FOR PICK UP <input type="checkbox"/> CALLED			PROJECT TITLE				
NO. OF ORIGINALS _____			INSTRUCTIONS				
COPIES PER ORIGINAL _____							
FINISHED SIZE _____ X _____			<input type="checkbox"/> ONE SIDED <input type="checkbox"/> TWO SIDED				
STOCK: <input type="checkbox"/> 20# WHITE <input type="checkbox"/> 60# WHITE			COMPLETED BY		CHARGES		
OTHER:							
OUTPUT: <input type="checkbox"/> COLOR <input type="checkbox"/> B/W							
COLLATE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SLIP SHEET <input type="checkbox"/> NEST <input type="checkbox"/> PERFORATE <input type="checkbox"/> SCORE							
STAPLE: <input type="checkbox"/> LEFT CORNER <input type="checkbox"/> 2 ON SIDE <input type="checkbox"/> SADDLE							
FOLD: <input type="checkbox"/> #10 <input type="checkbox"/> THIRDS <input type="checkbox"/> 1/2 FOLD <input type="checkbox"/> 1/2&1/2 FOLD HEAD: <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> PER SAMPLE							
DRILL: <input type="checkbox"/> 3 HOLE <input type="checkbox"/> OTHER (PER SAMPLE) _____							
BINDING: <input type="checkbox"/> GBC <input type="checkbox"/> SPINE/TAPE <input type="checkbox"/> COIL <input type="checkbox"/> SHRINK WRAP <input type="checkbox"/> WIRE <input type="checkbox"/> VELO/SUREBIND							
PADDING: <input type="checkbox"/> GLUE <input type="checkbox"/> NCR <input type="checkbox"/> STRIP PAD _____ PADS OF _____							
HANDWORK: <input type="checkbox"/> MARRY <input type="checkbox"/> COUNTING <input type="checkbox"/> IN GROUPS OF _____ <input type="checkbox"/> BANDING <input type="checkbox"/> OTHER							
TRIMMING/CUTTING: FINISHED SIZE _____ X _____							
OTHER: <input type="checkbox"/> LAMINATING <input type="checkbox"/> FAX							
<input type="checkbox"/> ROYALTIES _____ <input type="checkbox"/> SERVICE FEES _____					SUB TOTAL _____		
RECEIVED BY:					TAX _____		
					TOTAL _____		