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UNIVERSITY OF MINNESOTA

Copy Center Order Form

		720303						
Fund	Dept ID	Account #	Program	PCBU	Project	Act	Chart Field 1	Chart Field 2
								Employee 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				JOB TITLE			
NO. OF ORIGINALS _____ COPIES PER ORIGINAL _____ FINISHED SIZE _____ X _____ <input type="checkbox"/> ONE SIDED <input type="checkbox"/> TWO SIDED				INSTRUCTIONS			
STOCK: <input type="checkbox"/> 20# WHITE <input type="checkbox"/> 60# WHITE OTHER: _____				COMPLETED BY		CHARGES	
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"/> 5 HOLE <input type="checkbox"/> OTHER (PER SAMPLE)							
BINDING: <input type="checkbox"/> GBC <input type="checkbox"/> SPINE <input type="checkbox"/> PERFECT <input type="checkbox"/> COIL <input type="checkbox"/> SHRINK WRAP							
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"/> COLOR COPIES							
<input type="checkbox"/> ROYALTIES _____ <input type="checkbox"/> SERVICE FEES _____							
TAKEN IN BY _____ RECEIVED BY _____				SUB TOTAL _____ TAX _____ TOTAL _____			