

PRODUCTION SERVICES/DUPLICATING WORK ORDER

Bill to _____

Address _____

Title of Job _____

_____ Pub. No. _____

Contact Person _____ Phone _____

Date of order _____

DUE DATE

Must date _____

Proof to _____ proof OK

SPECIFICATIONS

Paper color/kind _____

Ink color _____

Size (flat) _____

Finished size _____

Copies _____ # Pages _____

Other _____

Prints: One side Head to head

Two sides Head to foot

DELIVERY

Pick up (please call _____)

Deliver to _____

TYPE OF ORDER

Reprint

New/Revision

NEGATIVE/ART RETENTION

This is a one time only job that will NEVER be done again.

This job may be done again.

This job WILL be done again.

Completed by: _____

FINISHING

Collate only (no staples)

Fold OR Collate/Fold

Letter Half

Special _____

_____ amount flat (single)

_____ amount crossfold

Stitch Storage

Corner Slip-sheet

Side in groups of _____

Saddle Shrinkwrap

Perfect Bind in groups of _____

Pad _____ sheets in Band
each pad in groups of _____

Punch _____ holes Box in groups

Cut _____ (size) of _____

Score

Perforate

Completed by: _____

BILLING INFORMATION

XXX _____ \$ _____

PMT _____

Halftone _____

Negative _____

Plate _____

Paper _____

Collate _____

Hand _____

OTHER

Mac time _____

Film _____

Film Processing _____

Non-ext _____

Total _____