By submitting this Service printing of this material will not								
Department and Division Names				Customer Order Number DOA-Assigned Job #				
%		Customer Use Code		Customer Optional Data				
Liliali Addiess								
0(	Di	NI						
Street Address	Phone	Number						
Order Date	Requeste	ted Delivery Date		<u>.</u>	original ☐ Hard Copy ☐ FTP ☐ Disk ☐ E-Mail			
				Ori				
Publication / File Name:		С		Со	pies are to be printed with:			
		l C			Black Ink			
Output:		Output from Archive:		•	Archive this file for future output? Proof Required:			
	Format	DOA #:			☐ Yes ☐ No ☐ Yes ☐ No			
Paper		Finishing			Print		•	
Size		☐ Collated						
☐ 8.5x11 ☐ 8.5x14 ☐ 11x	17	☐ Collate & Staple/Bind			Indicate number of copies of the document.			
Weight and Color		Upper Left			Pages			
20# 60# Cover Standard Colors		Portrait Landscape Left Side			Indicate number of pages within the document to be			
					printed as specified below.			
					One Side (Simplex)			
					Head to Head (Duplex)			
	. _    -			☐ Head to Foot (Duplex)				
Specialty Papers Color Choice				☐ For complex pagination submit DOA-3055PL.				
		☐ Portrait ☐ Landscape		Other Specifications:				
Color Printing Stock Paper Choice		<u> </u>						
☐ Text ?		☐ Saddle Stitch						
Cover ?			$\Box$					
Other Options								
□ NCR# of plies								
☐ Transparencies ☐ Tab divi	ders	☐ Tape Bind ☐ Perfect Bind						
Drill ☐ Standard 2 Hole		Glue Pads						
Standard 3 Hole			eets per pad)					
Fold Shrink Wrap			, , , , , , , , , , , , , , , , , , , ,					
·			eets / pack)					
			Production Staff Only		Daliyany Mathad			
Half Print			Stall Olliy		Delivery Method  □ Inter-Dept. □ Call for Pick Up □ Inserting/Labeling			
☐ Z Fold Oper.								
	F-	Date			Delivery Address, if different from above:			
☐ Double Half		Bindery						
Complex: Please include Sample Finished Folded Size		Oper.						
		Date		_				
		Shipping						
		Oper. Date			Publishing Services Customer Service: (608) 243-2404			