



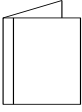






Department and Division Names				Customer Order Number		DOA-Assigned Job #			
Contact Person				General Services Billing Information					
				%	Customer Use Code		Customer Optional Data		
Email Address									
Street Address				Phone Number					
Order Date		Requested Delivery Date		Original <input type="checkbox"/> Hard Copy <input type="checkbox"/> FTP <input type="checkbox"/> Disk <input type="checkbox"/> E-Mail					
Publication / File Name:				Copies are to be printed with: <input type="checkbox"/> Black Ink <input type="checkbox"/> Color Ink <input type="checkbox"/> Black & Color Inks					
Output: <input type="checkbox"/> Paper <input type="checkbox"/> CD/DVD <input type="checkbox"/> Wide Format			Output from Archive: DOA #:		Archive this file for future output? <input type="checkbox"/> Yes <input type="checkbox"/> No		Proof Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paper Size <input type="checkbox"/> 8.5x11 <input type="checkbox"/> 8.5x14 <input type="checkbox"/> 11x17			Finishing <input type="checkbox"/> Collated <input type="checkbox"/> Collate & Staple/Bind		Print				
Weight and Color 20# 60# Cover Standard Colors			Upper Left		Indicate number of copies of the document. _____				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?					Pages				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?			<input type="checkbox"/> Portrait <input type="checkbox"/> Landscape		Indicate number of pages within the document to be printed as specified below.				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?			Left Side		<input type="checkbox"/> One Side (Simplex) _____				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?					<input type="checkbox"/> Head to Head (Duplex) _____				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?			<input type="checkbox"/> Portrait <input type="checkbox"/> Landscape		<input type="checkbox"/> Head to Foot (Duplex) _____				
Specialty Papers Color Choice					<input type="checkbox"/> For complex pagination submit DOA-3055PL.				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?			<input type="checkbox"/> Saddle Stitch		Other Specifications:				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?									
Color Printing Stock Paper Choice									
<input type="checkbox"/> Text ?			<input type="checkbox"/> Tape Bind <input type="checkbox"/> Perfect Bind						
<input type="checkbox"/> Cover ?			Glue Pads						
Other Options			_____ (# of sheets per pad)						
<input type="checkbox"/> NCR _____ # of plies			Shrink Wrap						
<input type="checkbox"/> Transparencies <input type="checkbox"/> Tab dividers			_____ (# of sheets / pack)						
Drill			DOA Production Staff Only		Delivery Method				
<input type="checkbox"/> Standard 3 Hole			Print		<input type="checkbox"/> Inter-Dept. <input type="checkbox"/> Call for Pick Up <input type="checkbox"/> Inserting/Labeling				
<input type="checkbox"/> Other – Provide Sample			Oper.		Delivery Address, if different from above:				
Fold			Date						
<input type="checkbox"/> Letter 			Bindery						
<input type="checkbox"/> Half 			Oper.						
<input type="checkbox"/> Z Fold 			Date						
<input type="checkbox"/> Double Half 			Shipping						
<input type="checkbox"/> Complex: Please include Sample			Oper.		Publishing Services Customer Service: (608) 243-2404				
_____ Finished Folded Size			Date						