



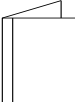






By submitting this Service Order request the agency hereby certifies that it has been reasonably determined that the printing of this material will not violate copyright laws, and that the agency assumes full responsibility for this printing request.									
Department and Division Names					Customer 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"/> ?									
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?									
Color Printing Stock Paper Choice						Delivery Method <input type="checkbox"/> Inter-Dept. <input type="checkbox"/> Call for Pick Up <input type="checkbox"/> Inserting/Labeling Delivery Address, if different from above:			
<input type="checkbox"/> Text ?				<input type="checkbox"/> Tape Bind <input type="checkbox"/> Perfect Bind					
<input type="checkbox"/> Cover ?									
Other Options				Glue Pads		DOA Production Staff Only			
<input type="checkbox"/> NCR _____ # of plies				_____ (# of sheets per pad)					
<input type="checkbox"/> Transparencies <input type="checkbox"/> Tab dividers				Shrink Wrap					
				_____ (# of sheets / pack)					
Drill						Print			
<input type="checkbox"/> Standard 3 Hole									
<input type="checkbox"/> Other – Provide Sample									
Fold						Bindery			
<input type="checkbox"/> Letter 									
<input type="checkbox"/> Half 									
<input type="checkbox"/> Z Fold 									
<input type="checkbox"/> Double Half 						Shipping			
<input type="checkbox"/> Complex: Please include Sample									
_____ Finished Folded Size						Publishing Services Customer Service: (608) 243-2404			