
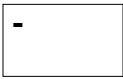


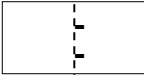

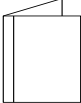






Department and Division Names				Customer Order Number		DOA-Assigned Job #		
Contact Person				General Services Billing Information				
				%	Customer Use Code		Customer Optional Data	
Email Address								
Street Address		Phone Number						
Order Date		Requested Delivery Date		Original <input type="checkbox"/> 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"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?		<input type="checkbox"/> Portrait <input type="checkbox"/> Landscape Left Side  		Pages Indicate number of pages within the document to be printed as specified below.				
Specialty Papers Color Choice		<input type="checkbox"/> Portrait <input type="checkbox"/> Landscape 		<input type="checkbox"/> One Side (Simplex) _____ <input type="checkbox"/> Head to Head (Duplex) _____ <input type="checkbox"/> Head to Foot (Duplex) _____ <input type="checkbox"/> For complex pagination submit DOA-3055PL.				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ?		<input type="checkbox"/> Saddle Stitch  		Other Specifications:				
Color Printing Stock Paper Choice		<input type="checkbox"/> Tape Bind <input type="checkbox"/> Perfect Bind		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"/> Cover ?		Glue Pads _____ (# of sheets per pad) Shrink Wrap _____ (# of sheets / pack)						
Other Options <input type="checkbox"/> NCR _____ # of plies <input type="checkbox"/> Transparencies <input type="checkbox"/> Tab dividers		DOA Production Staff Only		Publishing Services Customer Service: (608) 243-2404				
Drill <input type="checkbox"/> Standard 3 Hole <input type="checkbox"/> Other – Provide Sample		Print Oper. _____ Date _____						
Fold <input type="checkbox"/> Letter  <input type="checkbox"/> Half  <input type="checkbox"/> Z Fold  <input type="checkbox"/> Double Half  <input type="checkbox"/> Complex: Please include Sample		Bindery Oper. _____ Date _____						
_____ Finished Folded Size		Shipping Oper. _____ Date _____						