PRINTING SERVICES' WORK ORDER

NORFOLK STATE UNIVERSITY
JAMES A. BOWSER BUILDING, ROOM 115
TEL: 757/823-8179 FAX: 757/823-9585

☐ WAITING
☐ CALL WHEN DONE
☐ QUOTE
☐ SPOKE

DATE IN	DATE/TIME DUE AM / PM ☐ ☐		
TAKEN BY	PRODUCED BY	FINISHED BY	ORDER CHECKED BY

JOB # ____ RO# ____
LOG # ____ PO# ____

OFFICE/DEPARTMENT ____
BUDGET # ____
SUBMITTED BY ____
TELEPHONE # ____
NAME OF JOB ____
FAX NUMBER ____
x ____
EMAIL ____ @ nsu.edu

☐ BLACK & WHITE COPIES $

ORIGINAL OUTPUT | # of Originals X # of Sets = Total Imp X Price = $ Total

1 1 ____ X ____ = ____ X ____ = $ ____
1 2 ____ X ____ = ____ X ____ = $ ____
2 1 ____ X ____ = ____ X ____ = $ ____
2 2 ____ X ____ = ____ X ____ = $ ____
MIXED MIXED ____ X ____ = ____ X ____ = $ ____
COLLATED ____ X ____ = ____ X ____ = $ ____
UNCOLLATED ____ X ____ = ____ X ____ = $ ____

SLIP SHEET ☐ 8.5 x 11 ☐ 8.5 x 14 ☐ 11 x 17 ☐ PAPER ____

☑ FULL COLOR COPIES/PRINTS $

ORIGINAL OUTPUT | # of Originals X # of Sets = Total Imp X Price = $ Total

1 1 ____ X ____ = ____ X ____ = $ ____
1 2 ____ X ____ = ____ X ____ = $ ____
2 1 ____ X ____ = ____ X ____ = $ ____
2 2 ____ X ____ = ____ X ____ = $ ____
MIXED MIXED ____ X ____ = ____ X ____ = $ ____
COLLATED ____ X ____ = ____ X ____ = $ ____
UNCOLLATED ____ X ____ = ____ X ____ = $ ____

SLIP SHEET ☐ 8.5 x 11 ☐ 8.5 x 14 ☐ 11 x 17 ☐ PAPER ____

☐ FINISHING $

Plastic Comb ☐
- ☐ B&W Printed Front Coverstock
- ☐ B&W Printed Rear Coverstock
- ☐ Color Printed Front Coverstock
- ☐ Color Printed Rear Coverstock
- ☐ Blank Front & Rear Coverstock

CoverStock ____
Color ____
Other ____

Stapling ☐
- ☐ One Top Left/Right Diag
- ☐ One Top Left/Right Vert
- ☐ One/Two Top Left/Right Horiz
- ☐ Two Left/Right Vert
- ☐ Three Left/Right Vert
- ☐ One/Two/Three on the Spine

Drilling ☐
- ☐ Two Left/Right
- ☐ Three Left/Right
- ☐ Two Top/Bottom
- ☐ Three Top/Bottom
- ☐ Custom ____

Pads ☐
- ☐ Pages per Pad ____
- ☐ # of Pads ____
- ☐ Pad Size ____
- ☐ Padded at Top/Bottom
- ☐ Color ____

ART ON DISK / CD / EMAIL? ☐ YES ☐ NO
CAN WE OPEN THIS FORMAT? ☐ YES ☐ NO
NAME OF PROGRAM ____

☐ FOLDING $

☐ Half-Fold ☐ Tri-Fold ☐ Quad-Fold ☐ Custom

☐ Hand Folded ☐ Sample Enclosed

☑ OTHER $

☐ TOTAL ESTIMATE/CHARGE $

☐ PRINTING SERVICE NOTES

Attach A Signed "PROOF FORM" To This Work Order