

PRINT/COPY WORK ORDER



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Date of Request:	Ordering Departmen	nt:	Dept. Index No:	ept. Index No:		Requisitioner's Name:			Telephone Number:	
Delivery Address (BUILDING/ROOM #):										
Date Requested:		Quantity:	Kind of Stock:	Size:		Color of Paper: Single-		Sided: 2-Sided:		
Job Description: ☐ Photocopies ☐ NCR Form ☐ 2-Part ☐ 3-Part ☐ 4-Part ☐ Label ☐ Other:										
Collate: ☐ Yes Staple: ☐ Yes Holes: ☐ Yes Number: ☐ Left Side ☐ Top										
☐ Wrapped in 100's ☐ Padded in 100s ☐ Other:										
Book: No. of Pages: Saddle Stitch Coil Bind GBC Bind Other:										
INDICATE OPERISIONATIONS IN THIS OPACE										
INDICATE SPECIFICATIONS IN THIS SPACE:										
EMAIL ELECTRONIC FILES (WORD, PDF, EXCEL), SAMPLES, SCANS, ETC. TO: dwright@mencotech.com										
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