

DREXEL COPY CENTER ORDER FORM

Date: _____ Due Date: _____

Dept.: _____ Fund/Org#: _____/_____

Contact Name: _____ Ext.: _____
(Please Print)

Cell/Email.: _____

COPYING & PRINTING DETAILS

Project Name: _____

Description/Job Instructions: _____

File name(s): *(if supplying digitally)* _____

No. of FINISHED pieces _____ 1 Sided 2 Sided

Stock _____ Finished Size _____

Full Color Black & White Ink Color(s) _____

FINISHING SERVICES

Collate Staple Fold Saddle Stitch 3 Hole Punch

GBC (Plastic Bind) Spiral Bind Cut _____

Special Instructions: _____

For receipt of COMPLETED job

DCC Job. No.: _____ Total Charges: _____

Signature: _____

PRINT Name if not contact name above: _____