



**Printing
Services**

DEPARTMENT CHARGE FORM

CHARGE TO:
Fund _____
Org. _____
Account <u>701974</u>
Program _____

FOR OFFICE USE ONLY	
JOB TICKET NUMBER	
PRNT NUMBER	
PRICE	TOTAL
TOTAL CHARGE	
ORDER REC'D	

→ Department _____

→ Authorized Signature _____ Order Date _____

No. of Pages	Quantity	File Name/Description

Print Specs

BW 1-SIDED COLLATED
 COLOR 2-SIDED UNCOLLATED
 STAPLE FOLD 3 HOLE
 PAD IN SETS OF _____

Date Needed: _____

Deliver To (Bldg/Rm No): _____

Attn: _____

SPECIAL INSTRUCTIONS _____