Job#	Account Co	des	#CI)
Departmental	A 6 3 6 5 D		Print Printing and Copying
Printing Order Form Customer Information	F P signature		2865 W. Bowie TCU Box 297002 (817) 257-7838 FAX (817) 257-7333
Date In: All Work Orders Must have Account Codes and Signed Approval Before Any Job is Started			
Date Due: Department: Order Name:	You may submit your completed job ticket	in person, email, fax or interoffice mail	Originals Total Number of Originals
Contact: Pick Up Delivery (By end of business) New Job Repeat Order Repeat O	g: Email: Roo Order w/Changes		Quantity Number of Finished Pieces/Sets
(by	rbonless Form ream only) art (250 sets per ream) Stock Info Envelope: Paper:	Ink(s): Business (
☐ Mixed ☐ Mixed ☐ Pos ☐ B&W ☐ Color Copies ☐ Fly ☐ Slip Sheet ☐ Assemble ☐ Fly	20#60#28# 20#60#28# 60#28# 65#67#80#100	#9 Business Reply #10 Regular Window #11 Regular Window 9x12 Catalog Booklet Layout Time	Perforate Drill Pad Glue Fan Apart Collate/Assemble Bind Staple/Saddle Stich GBC Bind Clear Vinyl Cover Black Vinyl Cover

Gloss:

Text Cover

Total Charges \$ _____

Office | 125 | DP100 Use | 570 | Versant | Canon/HP 5200 | Ricoh Wide Format