

CONTACT/BILLING INFORMATION

Purchase order or departmental requisition # _____ Todays date _____ Due date _____

Contact person _____ Telephone _____ Fax _____

Email _____ Previous job number or approximate date _____

Bill to (department and address) _____

Pick-up (24 Umberger Hall) Delivery or shipping address _____

Special instructions _____

Signature (please print also) _____

Large format order #1

Employee _____ Canon Ricoh

Scan(s) # _____

Quantity _____ Final size _____

Enlarge/Reduce Yes No Percentage (%) _____

Provided file PDF Other: _____ Name of file _____

Proofs requested Page Electronic (send to email address) _____

Paper 60# Gloss Matte Vinyl Fabric Vinyl adhesive

Finishing Mounting Yes No | Laminating Yes No | Grommets Yes No

Large format order #2

Employee _____ Canon Ricoh

Scan(s) # _____

Quantity _____ Final size _____

Enlarge/Reduce Yes No Percentage (%) _____

Provided file PDF Other: _____ Name of file _____

Proofs requested Page Electronic (send to email address) _____

Paper 60# Gloss Matte Vinyl Fabric Vinyl adhesive

Finishing Mounting Yes No | Laminating Yes No | Grommets Yes No

Total composition time _____