

Copy Center  
550 West State  
Phone: 332-1941  
Fax: 334-2688

## COPY CENTER ORDER FORM

Please submit a print job sample.

State of Idaho  
Dept. of Administration  
Copy and Record Services

Title or Description of Material			Date Ordered	Date Required	<input type="checkbox"/> Proof Needed (see below)
Department	Division	Bureau	Agency Code	PCA/INDEX Codes	
Number of Originals	Number of Each Wanted	Electronic Transfer (Specify File Name)		Agency Purchase Order #	

<b>DEPOSITORY FOR PUBLIC DOCUMENTS</b> The Idaho State Depository Program often requests copies of materials, as outlined in Idaho Code § 33-2505. The Copy Center encourages compliance with this program. For more information, contact Idaho Commission for Libraries at 334-2150.	<b>HOLD HARMLESS STATEMENT</b> The agency or other entity ordering this material agrees to defend and hold harmless the Department of Administration and any or all of its employees from any claim or demand involving the violation of any copyright or trademark which is made on account of this order. All publications should conform with Idaho Code § 60-202.
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<b>PAPER TYPE AND COLOR</b>	<b>DO NOT WRITE IN THIS SECTION</b>
<input type="checkbox"/> 20 lb. Bond <input type="checkbox"/> White <input type="checkbox"/> Color _____	Total Copies
<input type="checkbox"/> Tabs <input type="checkbox"/> White <input type="checkbox"/> Rainbow <input type="checkbox"/> Quantity _____	Color Copies
<input type="checkbox"/> Cover Stock <input type="checkbox"/> White <input type="checkbox"/> Color _____ <input type="checkbox"/> Clear Vinyl	Pastel
<input type="checkbox"/> Color Copier <input type="checkbox"/> Stocks Required	Cost per Copy

<b>CHECK ALL ITEMS APPLICABLE TO THIS JOB</b>	Stock
<input type="checkbox"/> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> Front & Back <input type="checkbox"/> Tumble	Tabs
<input type="checkbox"/> Staple <input type="checkbox"/> Upper Left <input type="checkbox"/> Saddle <input type="checkbox"/> Two on Left Side	Covers
<input type="checkbox"/> Binding <input type="checkbox"/> Spiral _____ mm <input type="checkbox"/> Wiro _____ mm <input type="checkbox"/> GBC _____ mm	Dividers
<input type="checkbox"/> Assemble/Collate	Fold
<input type="checkbox"/> Fold <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/3	Staple (x )
<input type="checkbox"/> Drill Holes <input type="checkbox"/> 2 <input type="checkbox"/> Left <input type="checkbox"/> Top <input type="checkbox"/> Other _____	Binding
<input type="checkbox"/> Cut <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Other _____	Laminate
<input type="checkbox"/> Pad ( _____ sht/pad)	Drill Holes
<input type="checkbox"/> Proof Needed (Delivery date will be set upon approval of proof.) Submit Proof to: _____ Phone # _____	Cut

<b>SPECIAL INSTRUCTIONS</b>	Pad
<input type="checkbox"/> Return Originals <input type="checkbox"/> Preprinted Cover Supplied <input type="checkbox"/> Books to be Perfect Bound	Handwork
<input type="checkbox"/> Other _____	Outsource Fee

<b>DELIVERY INSTRUCTIONS</b>	Other
Agency _____	TOTAL
Address _____	Invoiced
Building/Room # _____	
Contact Person _____	
Do not Deliver/Call _____	

<b>APPROVED FOR REPRODUCTION</b>				
Ordered By (Please Print)	Phone #	Signature	Other Authorized Signature (if required)	
DATE ORDER RECEIVED	Machine _____	Scanned _____	JOB NUMBER	
	Operator _____	Date _____		
Date Completed	Number of Items	Enclosed with Job	Received by	Date