

Please submit a print job sample.

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 #	

DEPOSITORY FOR PUBLIC DOCUMENTS
 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.

HOLD HARMLESS STATEMENT
 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.

PAPER TYPE AND COLOR			DO NOT WRITE IN THIS SECTION		
<input type="checkbox"/> 20 lb. Bond	<input type="checkbox"/> Tabs	<input type="checkbox"/> Cover Stock	Total Copies		
<input type="checkbox"/> White	<input type="checkbox"/> White	<input type="checkbox"/> White	Color Copies		
<input type="checkbox"/> Color _____	<input type="checkbox"/> Rainbow	<input type="checkbox"/> Color _____	Pastel		
<input type="checkbox"/> Color Copier	<input type="checkbox"/> Quantity _____	<input type="checkbox"/> Clear Vinyl	Cost per Copy		
<input type="checkbox"/> Stocks Required			Stock		

CHECK ALL ITEMS APPLICABLE TO THIS JOB

<input type="checkbox"/> One Side	<input type="checkbox"/> Staple	<input type="checkbox"/> Drill Holes
<input type="checkbox"/> Two Side	<input type="checkbox"/> Upper Left	<input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/> Front & Back	<input type="checkbox"/> Saddle	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Tumble	<input type="checkbox"/> Two on Left Side	<input type="checkbox"/> Top <input type="checkbox"/> Bottom
<input type="checkbox"/> Assemble/Collate	<input type="checkbox"/> Binding	<input type="checkbox"/> Other _____
<input type="checkbox"/> Fold	<input type="checkbox"/> Tape	<input type="checkbox"/> Cut
<input type="checkbox"/> 1/2	<input type="checkbox"/> Spiral _____ mm	<input type="checkbox"/> 1/2
<input type="checkbox"/> 1/3	<input type="checkbox"/> Wiro _____ mm	<input type="checkbox"/> 1/4
<input type="checkbox"/> Proof Needed <i>(Delivery date will be set upon approval of proof.)</i>	<input type="checkbox"/> GBC _____ mm	<input type="checkbox"/> Other _____
Submit Proof to: _____	<input type="checkbox"/> Laminate	<input type="checkbox"/> Pad (_____ sht/pad)
Phone # _____		

SPECIAL INSTRUCTIONS

<input type="checkbox"/> Return Originals	<input type="checkbox"/> Other	
<input type="checkbox"/> Preprinted Cover Supplied		
<input type="checkbox"/> Books to be Perfect Bound		

DELIVERY INSTRUCTIONS

Agency _____

Address _____

Building/Room # _____

Contact Person _____

Do not Deliver/Call _____

APPROVED FOR REPRODUCTION

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