

DISTRICT DUPLICATING WORK ORDER

(please use pen or dark implement when filling out this form)

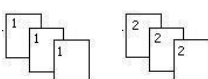
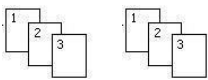
Files may be emailed to the copy center for duplication. Send your files to:
copycenter@elwood.k12.ny.us (please include print job details in your email)

JOB NAME: _____ DATE: _____
NO. OF ORIGINALS: _____ REQUESTED BY: _____
NO. OF COPIES REQUIRED: _____ ROOM NO.: _____
DEPARTMENT: _____ SCHOOL: _____

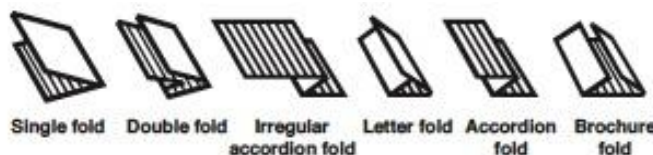
PRINT JOB

MIXED SIZED ORIGINALS: _____
PAPER SIZE: _____ PAPER COLOR: _____
(IF DIFFERENT FROM ORIGINALS)

FINISHED PRINT JOB MUST BE:

_____ UNCOLLATED  _____ 1 SIDED _____ NO STAPLES
_____ COLLATED  _____ 2 SIDED _____ STAPLED
_____ PAGE NUMBERING
_____ 3 HOLE PUNCH

****NEW** FOLDING – Circle One**



DATE REQUIRED: _____
(5 BUSINESS DAY TURNAROUND. Add 1 day for work submitted after 11AM)

BOOKBINDING REQUESTS: book requests that are under 100 sheets of paper will not be produced as a bound book without prior approval from your principal. If there is no prior approval, these jobs will be produced as a double stapled booklet. Books of 100 pages or more cannot be stapled and will be produced as a bound book and do not require approval.

Approval Signature _____

SCANNING JOB

****SCANNED ITEMS WILL BE EMAILED TO YOUR ELWOOD ACCOUNT****

SCAN TO:  _____ SCAN TO:  _____ SCAN TO:  _____

RETURN ORIGINALS: yes _____ no _____

JOB DATA

Date Received: _____ Date Job Completed & Returned: _____

DATE JOB RETURNED - INCOMPLETE: _____

REASON FOR JOB RETURNED INCOMPLETE: _____

OPERATOR: _____