Copy Center Request

DirectConnectGroup West

PSE PUGET SOUND ENERGY

Control # C_____

Instructions: Please fill in completely and send with your job.
Job must have the Item Owner and Cost Center filled out.

COPY CENTER	PRINTING SERVICES
_____	_____

DATE	ORDERER/ITEM OWNER	MAILSTOP	TELEPHONE NO. OF ORDERER

GL ACCOUNT	COST CENTER	WORK ORDER NUMBER	APPROVED BY
			%
			%

JOB NAME AND FORM NUMBER (MUST BE FILLED IN)

JOB SPECIFICATIONS

NUMBER OF COPIES	NUMBER OF ORIGINALS	TOTAL COPIES

DEADLINE		DELIVER TO
DATE IN	DATE AND TIME NEEDED	SEND TO RECIPIENT/MAILSTOP

SIZE
- ☐ 8-1/2 X 11
- ☐ 8-1/2 X 14
- ☐ 11 X 17
- ☐ Other
  _____

COPY
- ☐ One sided
- ☐ Two sided
- ☐ As per original
- ☐ Copy in Color
- ☐ Copy in Black & White
- ☐ Originals sent by email

FINISHING
- ☐ Staple
- ☐ Collate
- ☐ Slipsheet
- ☐ Paperclip
- ☐ Binder clip
- ☐ Rubberband
- ☐ 3-hole drill
- ☐ 3-hole large
- ☐ Trim
- ☐ Finished Size
  _____
- ☐ As per original

BINDERY
- ☐ Comb bind
- ☐ Tape bind
- ☐ Plastic coil (ADD 24-48 HOURS)
- ☐ Folding (type)
  _____
- ☐ Padding (# per)
  _____
- ☐ Shrinkwrap (# pkg)
  _____
- ☐ Laminate 5 mil.

PAPER
- ☐ 20# bond, white
- ☐ 20# bond, white, 3-hole
- ☐ 20# bond, specify color: _____
- ☐ 60# book, white
- ☐ Astrobright 60# text:_____
- ☐ Astrobright 65# cover: _____
- ☐ 110# index, specify color: _____
- ☐ Tab stock (white, grey, blue): _____
- ☐ Customer provided stock
- ☐ Clear cover + black vinyl back
- ☐ Xerox Xpressions 28# white text
- ☐ Xerox Xpressions 80# cover
- ☐ Front cover: _____
- ☐ Back cover: _____
- ☐ Other: _____

SPECIAL INSTRUCTIONS

COPY CENTER USE ONLY	ESTIMATE

COST ESTIMATE

- ☐ No estimate requested
- ☐ Estimate requested – proceed with job
- ☐ Put on hold until I have approved the estimate
- ☐ Quality checked

Date/Time completed:_____

Was the job run on time?_____ Job run by:_____