

WORK ORDER

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
BRONCO COPY'N MAIL
BLDG. 35-1210 909-869-3296/3011



Date _____ Department/Club _____

Date Needed _____ Project Name _____

Requested By _____ Phone # _____

Account/P.O. # _____

Authorized Signature _____

PRINTING SPECIFICATIONS

Total Prints Required After Cutting _____

Flat Size _____ Finished Size _____

Toner/Ink Color ☐ B&W ☐ CMYK

Printing ☐ Print 1-Sided ☐ Print 2-Sided

SPECIAL INSTRUCTIONS:

JOB DESCRIPTION

PAPER OPTIONS

	8.5"x11"	11"x17"	12"x18"	13"x19"
20# Bond (b/w only)	<input type="checkbox"/>	<input type="checkbox"/>		
70# Smooth Text	<input type="checkbox"/>	<input type="checkbox"/>		
90# Matte Cardstock	<input type="checkbox"/>	<input type="checkbox"/>		
100# Matte Cover	<input type="checkbox"/>			
10pt. Single Sided Gloss	<input type="checkbox"/>	<input type="checkbox"/>		
100# Glossy Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100# Glossy Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100# Silk Text			<input type="checkbox"/>	<input type="checkbox"/>
100# Silk Cover			<input type="checkbox"/>	<input type="checkbox"/>
80# Matte Cougar Cover			<input type="checkbox"/>	

WIDE FORMAT (LARGER THAN 13"x19")

SIZE

☐ 24"x36" ☐ 32"x40"

☐ Other: _____

MATERIAL

Laminated	Mounted	100#	31#	24#	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Matte
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Gloss
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Other: _____

FOLDING

☐ Double Gate ☐ Gate ☐ Half ☐ Parallel ☐ Tri-Fold ☐ Z-Fold ☐ Roll

BINDERY

☐ Do NOT Collate or Staple
☐ Collate Only ☐ Collate & Staple ☐ Left Corner ☐ 2 Staples
☐ Saddle Stitch ☐ 3-Hole Punch ☐ 2-Hole Punch

☐ Coil Bind ☐ Comb Bind ☐ Velo Bind

FOR BCM ONLY

_____ @ _____ = \$ _____
_____ @ _____ = \$ _____
_____ @ _____ = \$ _____
_____ @ _____ = \$ _____
_____ @ _____ = \$ _____
_____ @ _____ = \$ _____

Subtotal \$ _____

Completed By _____ Tax \$ _____

Date _____ Total \$ _____