

Date of Request:

Date Wanted:

Telephone / Ext:

SOUTHERN UNIVERSITY AT SHREVEPORT
DOCUMENT MANAGEMENT CENTER

Fine Arts Bldg., Room C-19
Telephone: (318) 670-6405 FAX: (318) 674-3462
E-mail: baustin@susla.edu or fanderson@susla.edu

Department / Unit:

Bldg / Location:

Requestor:

WORK ORDER REQUEST FORM

JOB DESCRIPTION / PROJECT:

SPECIAL INSTRUCTIONS:

NUMBER OF JOBS PER ORDER:

Paper Size: Letter (8.5x11) Legal (8.5x14) Tabloid (11x17) Poster (12x19) Other

Order #: (1)	NO. of originals:	NO. of copies requested:
Order #: (2)	NO. of originals:	NO. of copies requested:
Order #: (3)	NO. of originals:	NO. of copies requested:
Order #: (4)	NO. of originals:	NO. of copies requested:
Order #: (5)	NO. of originals:	NO. of copies requested:

COLLATING

STAPLE

FOLD half tri-fold

DRILL / HOLE PUNCH 2 holes 3 holes Total # Copies Rec'd:

Services	Type/Quantities	Binding	Padding	Laminating
Copies single-side	Black & White	Thermal	5.5x4.25	Yes
	Full Color	Spiral / Wire	5.5x8.5	
double-side	Spot Color	Coil	8.5x11	No

To ensure that all work is received and processed in a timely manner, ALL Work requests MUST BE accompanied with a Work Order Request Form. This procedure provides direction regarding photocopying/duplication procedures and other related services. Please fill out form completely. Thank you for your cooperation.

Approval _____ Date _____

Approval (DMC) _____ Date _____