

Printing Services Work Order Form

Contact Name:					Worktags:		
						K-FD)	
Phone					Fund	:	
Number:					(XXXX-CC)		
D 4					Cost	Center:	
Email:					(XXX)	(XX-GR)	
					Gran	t:	
Order Request Due Date:					(XXX	(XX-GF)	
Date: (Please allow 3-business days)			Gift:				
Description of					(XXX	(X-DE)	
Request:					Designee:		
Special					(XXXX-AC)		
Instructions:					Activity:		
Deliver to:					(XXX-AG)		
(Department,					Stude	ent Org:	
Address, Building and Room)					(Proj	ect Name-XXX)	
with 100Hij				Project:			
Job Details							
Ink Color Quantity:							
Options: Black and White				,			
Paper Type: Text Weight				te			
(Choose one Cardstock			□ Silk				
			Gloss	Gloss			
Large Format:							
Flat Size of Project: Folde			Folded	Size of Project:			
			(If applicable)				
Finishing	ing ☐ Single Sided ☐ C			Fold Notepads			
Options:	☐ Double Sided		☐ Two	Folds		☐ Spiral Binding	
	☐ Score				☐ Perfect Binding		
	☐ Tabs ☐ Perforate ☐ 3-Hole F			orate		☐ Saddle Stitch Binding	
				ole Punch		(2 Staples for booklet)	
			☐ Stapl	le Upper Left			
Stationery Information							
Name:							
Title:							
Department:							
Office #:				Cell #:			
Fax #:				Email:			
Website: wpi.edu/							