

A.S.Publications Service  
Quick Copy Order Form

PO # _____	Balance: _____
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Department: \_\_\_\_\_ Date: \_\_\_\_\_

Ordered by: \_\_\_\_\_ Extension: \_\_\_\_\_

Type or Name Of Project: \_\_\_\_\_  
(Flyer, Poster, Form, Play List, etc.)

<input type="checkbox"/> Pick Up	<input type="checkbox"/> Delivery: _____	Date Due: _____	
Number of Originals: _____		Number of Copies: _____	
<input type="checkbox"/> One-Sided	<input type="checkbox"/> Two-Sided	Other: _____	
Paper Size:	<input type="checkbox"/> 8.5 X 11	<input type="checkbox"/> 8.5 X 14	<input type="checkbox"/> 11 X 17
Paper Color: _____	Stapled: _____		
Special Instructions: _____			
_____			

*Orders are only accepted with a signed purchase order or a current balance sufficient to cover the printing costs. Projects under 50 flashes should be copied on FRED, the self-serve copy machine.*

(originals) _____	X	(copies) _____	=	_____	flashes
(flashes) _____	X	(rate) _____	=	_____	charge
<input type="checkbox"/> Billed	Total Charge:		<input type="text"/>		

Order taken by: \_\_\_\_\_ Date: \_\_\_\_\_