



CANYONS School District

Copy Center Use Only

Job # _____
 Completed _____ by _____
 Cost: Each _____ Total _____
 Delivered _____ by _____

COPY CENTER ORDER FORM

For Assistance, Bids or Complex Orders, please call 801-826-5516. Fax: 801-826-5379 - Email: susan.chase@canyonsdistrict.org

CUSTOMER INFORMATION

School or Department: _____
 Ordered/Authorized by: _____
 Admin. Signature: _____

Fund	Location	Program	Function	Object

Telephone: _____

PRINTING INSTRUCTIONS

1 Name or Description of Job: _____

2 Number of Copies Needed:

3 Type of Paper:

White
 Pastel Text
 Parchment
 Bright Text
 Bright Cardstock
 Pastel Cardstock
 Photo White Text
 Photo White Cardstock
 2 Part NCR 3 Part NCR

4 Paper Size:

8 1/2" x 11"
 8 1/2" x 14" (Legal)
 11" x 17"

5 Paper Colors: _____
 (refer to online color chart)

6 Copy Request:

Black/White
 Color

7 Print on:

One Side
 Both Sides
 Per Sample Provided

FINISHING INSTRUCTIONS

8 Check any that apply:

Sort: <input type="checkbox"/> Collate OR <input type="checkbox"/> Stack	Staple: <input type="checkbox"/> Corner <input type="checkbox"/> 2 on Side <input type="checkbox"/> Booklet	Fold: <input type="checkbox"/> Half-Fold (top to bottom) <input type="checkbox"/> Letter Fold (Z-fold)	Bind: <input type="checkbox"/> Comb <input type="checkbox"/> Coil	Misc: <input type="checkbox"/> 3 Hole Punch <input type="checkbox"/> Pads (NCR) <input type="checkbox"/> Fan apart (NCR)
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ADDITIONAL INSTRUCTIONS

9 _____

DATE NEEDED/DELIVERY INSTRUCTIONS

Date Received by Copy Center: _____ Date Order is Due: _____

Call When Ready Will Pick Up on Date Indicated Send in Inter-District Mail