

# WORK ORDER



JOB # \_\_\_\_\_

Fax 206.254.0439 ☐

Phone 206.254.0444 ☐

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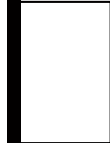
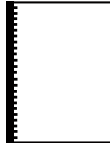
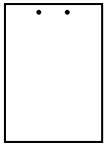
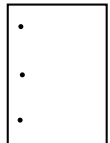
## CLIENT INFORMATION

Firm Name ☐ \_\_\_\_\_  
 Ordered By ☐ \_\_\_\_\_  
 Address ☐ \_\_\_\_\_  
 Phone ☐ \_\_\_\_\_  
 Fax ☐ \_\_\_\_\_  
 Email ☐ \_\_\_\_\_  
 Case Number \_\_\_\_\_

## PROJECT INFORMATION

Job Description \_\_\_\_\_  
 How Many Sets \_\_\_\_\_  
 Date Ordered \_\_\_\_\_ Time \_\_\_\_\_  
 Date Due \_\_\_\_\_ ☐ Time \_\_\_\_\_  
 Label  Y  N Copy Tagged Docs  Y  N  
 Start Number \_\_\_\_\_ Space  Y  N  
 Prefix \_\_\_\_\_ Suffix \_\_\_\_\_

PAPER TYPE	PAPER SIZE	SINGLE/DOUBLE SIDED	STAPLE	CLIP	RUBBER BANDS
As Original <input type="checkbox"/>	All 8.5 x 11 <input type="checkbox"/>	As Original <input type="checkbox"/>	As Original <input type="checkbox"/>	As Original <input type="checkbox"/>	As Original <input type="checkbox"/>
3-hole <input type="checkbox"/>	Size for Size <input type="checkbox"/>	1 → 2 <input type="checkbox"/>	Per Clip <input type="checkbox"/>	Per Staple <input type="checkbox"/>	Per Bind <input type="checkbox"/>
2-hole <input type="checkbox"/>	All 8.5 x 14 <input type="checkbox"/>	2 → 1 <input type="checkbox"/>	Per Bind <input type="checkbox"/>	Per Bind <input type="checkbox"/>	None <input type="checkbox"/>
Other _____ <input type="checkbox"/>	All 11 x 17 <input type="checkbox"/>	2 → 2 <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	Other _____ <input type="checkbox"/>
	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>	

DO WE COPY ☐	YES ☐ NO ☐	COLOR COPYING	BINDING
Covers/Spines <input type="checkbox"/>	<input type="checkbox"/>	Color for Color <input type="checkbox"/>	Velo <input type="checkbox"/> GBC <input type="checkbox"/> Acco <input type="checkbox"/> Depo <input type="checkbox"/>
Folders <input type="checkbox"/>	<input type="checkbox"/>	Color → B&W <input type="checkbox"/>	   
Redwelds <input type="checkbox"/>	<input type="checkbox"/>	Photos/Maps/Graphs <input type="checkbox"/>	Binders _____
Post-Its <input type="checkbox"/>	<input type="checkbox"/>	Photos Only <input type="checkbox"/>	Other _____
Standard Language <input type="checkbox"/>	<input type="checkbox"/>	Highlighter <input type="checkbox"/>	None _____
Box Info <input type="checkbox"/>	<input type="checkbox"/>	Other _____ <input type="checkbox"/>	
Media <input type="checkbox"/>	<input type="checkbox"/>		

COLOR PAPER	OVERSIZE COPYING	MEDIA ☐	DUPE ☐	COPY
Same as Original <input type="checkbox"/>	Size for Size <input type="checkbox"/>	3.5" Diskettes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy to White <input type="checkbox"/>	Reduce/Enlarge <input type="checkbox"/>	VHS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy to _____ <input type="checkbox"/>	_____ X _____	CD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other color	B&W <input type="checkbox"/> Color <input type="checkbox"/>	DVD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fold <input type="checkbox"/> Roll <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other <input type="checkbox"/> _____			

TABS	SLIP SHEETS	Tagged Docs ☐ YES ☐ NO ☐	YES ☐ NO ☐
As Original <input type="checkbox"/>	Same as Original <input type="checkbox"/>	Per Post-It <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Per Stop/Start <input type="checkbox"/> <input type="checkbox"/>
Alpha-Numeric <input type="checkbox"/>	Other Color _____ <input type="checkbox"/>	Per Flag <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Per Clip <input type="checkbox"/> <input type="checkbox"/>
Custom <input type="checkbox"/>	None <input type="checkbox"/>	Other _____	
Copy to _____ <input type="checkbox"/>			
Other _____ <input type="checkbox"/>			
None <input type="checkbox"/>			

See reverse side for special instructions →

