

OPI ORDER

OPI USE ONLY	JOB NUMBER
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AGY	DOCUMENT NO.	FUND	ADMN RC	SPND RC	GRANT	AUTHORIZED SIGNATURE	PHONE NO.
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Ship To: AGENCY / DIV. NAME AND ADDRESS

REQUESTED BY: _____ **PHONE:** _____

JOB DESCRIPTION

# OF ORIGINALS	# OF COPIES PER ORIGINAL
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DATE SUBMITTED	REQUIRED DELIVERY DATE
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SPECIFICATIONS

Paper	Finished Size	Format	Ink Color	Punch
20# White	2 x 32	1 Side	Black	2 - Hole Ctr. to Ctr.
Other	8.5 x 11	2 Sides	Process Blue Reflex Blue	3 - Hole Standard
Cover	8.5 x 14	Head to Head	Green - Pantone	5 - Hole
Color _____	11 x 17	Head to Foot	Red - Pantone	Hole Size
Wt. # _____	Special Size _____		Other	Collate
Envelopes (Min. 500)			PMS # _____	Yes No
			PMS # _____	

Staple	Tape Bind	Folding	Padding	Packaging
Upper Left	Color _____	_____ (Send Sample)	50	Shrink Wrap
Side Stitch	Perfect Bind		100	Rubber Band
Saddle Stitch	Plastic Coil		_____	Carton Pack
Booklet				

ADDITIONAL SPECIFICATIONS

Type of Reproduction Required

Offset	Offset Color
Xerography	Xerographic Color

OPI USE ONLY

PRINTED BY:	MACHINE #
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Saving Taxpayer's Dollars