

**SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE**

Lab Book Work Order

CAS Copy Service
Box 1608, 0226 Peck Hall
618-650-2478
copyservice@siue.edu

For Office Use Only

Date Submitted: _____

Date Completed: _____

Cost: _____

Contact Information

Contact Name: _____ Email: _____

Phone: _____

Description of Order

Subject and Course Number: _____ Date Needed: _____

File Name: _____ Proof copy requested

Number of Copies: to Bookstore _____ to Department _____ Total Copies: _____

Number of Pages: Interior _____ Cover _____ Total Pages: _____

Finishing: 3 Hole Punch + Binder Clip _____ Comb Binding _____ Cover Stock _____

Cover Stock Colors: Please Mark (note: not all colors always available)

Re-entry Red ____ Rocket Red ____ Plasma Pink ____ Bubble Gum Pink ____
Cosmic Orange ____ Solar Yellow ____ Lemon Yellow ____ Terra Green ____
Terrestrial Teal ____ Celestial Blue ____ Lunar Blue ____ Planetary Purple ____
Outrageous Orchid ____

Special Instructions

Account Information

Account Title: _____ BP#: _____

Fiscal Officer Name: _____

I certify that there is an unobligated balance available in the account for this purchase _____

Fiscal Officer Signature: _____

Date: _____