

## Special Order Form

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

### For Office Use Only

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Cost: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

### Description of Order

Project Title: \_\_\_\_\_

Quantity: \_\_\_\_\_

Number of Original Pages: \_\_\_\_\_

Date needed: \_\_\_\_\_

Black and White

Color

1 sided

2 sided

Paper Colors Available (8.5x11): Please Mark One

White

Blue

Green

Yellow

Pink

Lilac

Salmon

Gray

Ivory

Goldenrod

Finishing: Staple \_\_\_\_\_

3 Hole Punch\* \_\_\_\_\_

Booklet Fold & Staple \_\_\_\_\_

Tri Fold \_\_\_\_\_

Comb Binding \_\_\_\_\_

Cover Stock \_\_\_\_\_

\*If color copies, the cost of pre-punched paper will be included in the invoice.

Sample attached  yes  no

Proof requested  yes  no

### 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: \_\_\_\_\_