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Small Copies Work Order

Company _____ Date _____
 Address _____ Job or PO _____
 Phone _____ Fax _____ Due (no ASAP) _____
 Submitted by _____ Delivery method _____

Number of originals	Number of sets	Total pages	Copy type		Number of sides (originals:copies)				Paper size (circle/specify)			Finishing & Binding (per set)					
			B&W	color	1:1	1:2	2:1	2:2	8½ x11	11x17	other	staple	3-hole	loose	thermal	wire-o	GBC
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	1:1	1:2	2:1	2:2	8½ x11	11x17	other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Covers: Front _____ Back _____
 Special paper: Astrobright _____ Cardstock _____ Colored bond _____
 Miscellaneous: Folding (per set) _____ Folding (per page) _____ Laminate _____ Encapsulate _____ Mount, one side _____ Mount, both sides _____ Enlargement _____ Reduction _____
 Scan _____ Fiery RIP _____ Save to 1.44 MB floppy _____ Save to 100 MB Zip _____ Save to CD _____ Archive _____ Binding spine (specify color): _____

Special Instructions: _____

For office use only:
 Hand on glass Unstapling Special handling / setup charge Image editing

Notes: _____