

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 Ivory
Lilac Salmon Goldenrod Turquoise Gray

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: _____