

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

☐ New file File Name: \_\_\_\_\_

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 Available: Please Circle

Solar Yellow	Cosmic Orange	Rocket Red	Re-Entry Red	Plasma Pink
Pulsar Pink	Fireball Fuchsia	Outrageous Orchid	Planetary Purple	Gravity Grape
Venus Violet	Terrestrial Teal	Terra Green	Yellow (pale)	Blue (light) Ivory Gray

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