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	Firm Name _____	Today's Date _____
	Address _____	Date Due _____
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	Email: _____	P.O. Number _____

CO Copying • Spec Books • Color Copies

SPECS/RESUMES	BINDERY	COLOR COPIES
Number of Sets <input type="checkbox"/> Size for Size <input type="checkbox"/> All 8-1/2 x 11 <input type="checkbox"/> All 8-1/2 x 14 <input type="checkbox"/> All 11 x 17 <input type="checkbox"/> Other _____ <input type="checkbox"/> 2 Sided for 2 Sided <input type="checkbox"/> Convert 1 Sided to 2 Sided (by section) <input type="checkbox"/> Convert 2 Sided to 1 Sided <input type="checkbox"/> Scan Run Set for Future Copies	<input type="checkbox"/> GBC (plastic spiral) Bind <input type="checkbox"/> 3-Hole Drill <input type="checkbox"/> Insert Screwposts <input type="checkbox"/> Staple Copies <input type="checkbox"/> Clip Copies <input type="checkbox"/> Rubber Band Copies <input type="checkbox"/> Bind Copies as Originals <input type="checkbox"/> Cover Color _____ <input type="checkbox"/> Other Bindery _____ _____ _____	from <input type="checkbox"/> Photos/Drawings/Renderings <input type="checkbox"/> Digital Files <input type="checkbox"/> Create CD <input type="checkbox"/> Size for Size <input type="checkbox"/> Enlarge to _____ <input type="checkbox"/> Reduce to _____ <input type="checkbox"/> Collate into Sets <input type="checkbox"/> Other _____ _____

PR Prints • Drawings • Plotting • Scanning

Number of Sets	REPRODUCE AS			
	<input type="checkbox"/> Archive	<input type="checkbox"/> Xerox Blacklines	<input type="checkbox"/> Vellums	<input type="checkbox"/> Mylars
	<input type="checkbox"/> Create CD	<input type="checkbox"/> Bound	<input type="checkbox"/> Unbound	<input type="checkbox"/> TIFF
	<input type="checkbox"/> Scan ▶ <input type="checkbox"/> BW <input type="checkbox"/> Color		<input type="checkbox"/> Hold Originals <input type="checkbox"/> Return Originals	

Special Instructions

Operator _____
 Time Began _____
 Ending Meter _____
 Beginning Meter _____
 Total Copies Run _____
 Waste Copies _____
 Interruption Copies _____
 Billable Copies _____
 Time Job Completed _____
 Machine Time _____
 Checked By _____

Operator _____
 Time Began _____
 Ending Meter _____
 Beginning Meter _____
 Total Copies Run _____
 Waste Copies _____
 Interruption Copies _____
 Billable Copies _____
 Time Job Completed _____
 Machine Time _____
 Checked By _____

Operator _____
 Time Began _____
 Ending Meter _____
 Beginning Meter _____
 Total Copies Run _____
 Waste Copies _____
 Interruption Copies _____
 Billable Copies _____
 Time Job Completed _____
 Machine Time _____
 Checked By _____

Additional Supplies _____

SC	<h2 style="margin: 0;">Special Copies</h2>			
During any copy job, look for the following items and make sure they are noted on this sheet. A copy will then be attached to the job worksheet to expedite billing calculations.				
11 x 17 COPIES		TOTAL BOX	COLOR COPIES	
<input style="width: 80px; height: 25px;" type="text"/>		<input style="width: 80px; height: 25px;" type="text"/>		
OVERSIZE - Note each size of oversize documents to be copied. Size _____ Quantity _____ Size _____ Quantity _____ Size _____ Quantity _____			Size _____ Quantity _____ Size _____ Quantity _____ Size _____ Quantity _____	

BINDERY - Number of documents bound

GBC

Depo./Ex.

INSPECTOR'S COMMENTS _____

SPECIAL BILLING INSTRUCTIONS _____
