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	Firm Name _____	Today's Date _____
	Address _____	Date Due _____
	Phone # _____	Ordered By _____
	Email: _____	Client/Matter # _____

CO Copying

<p>Number of Copies</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Box _____ of _____</p>	<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"/> 2 Sided for 2 Sided <input type="checkbox"/> Convert 1 Sided to 2 Sided <input type="checkbox"/> Convert 2 Sided to 1 Sided <input type="checkbox"/> All Single Sided	<input type="checkbox"/> Copy only Tagged Originals <input type="checkbox"/> Copy only Clipped Originals <input type="checkbox"/> Insert Tabs to Match
<p>Do We Copy: Yes No</p> <p>▶ Folder Tabs <input type="checkbox"/> <input type="checkbox"/></p> <p>▶ Post - It Notes <input type="checkbox"/> <input type="checkbox"/></p> <p>▶ Tabs <input type="checkbox"/> <input type="checkbox"/></p> <p>▶ Covers <input type="checkbox"/> <input type="checkbox"/></p>	<p>OVERSIZED DOCUMENTS (Maps, Surveys, Drawings)</p> <input type="checkbox"/> Copy Same Size <input type="checkbox"/> Fold <input type="checkbox"/> Roll <input type="checkbox"/> Reduce to _____	<p>COLOR PHOTOS/COPIES</p> <input type="checkbox"/> In Color <input type="checkbox"/> Black & White <input type="checkbox"/> Enlarge to _____ <input type="checkbox"/> Reduce to _____ <input type="checkbox"/> 1 - Up <input type="checkbox"/> Multiple Up	<p>CONSECUTIVE NUMBER LABELS</p> <input type="checkbox"/> Prefix _____ <input type="checkbox"/> Suffix _____ <input type="checkbox"/> Start # _____

FI Finishing

<input type="checkbox"/> Rebind Originals <input type="checkbox"/> Restaple Originals <input type="checkbox"/> Staple Copies as Originals <input type="checkbox"/> Reclip Originals <input type="checkbox"/> Clip Copies as Originals <input type="checkbox"/> Do Not Staple or Clip Copies <input type="checkbox"/> Copies Slip Sheeted <input type="checkbox"/> Rubber Band Copies	<input type="checkbox"/> 3-Hole Drill <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> 2-Hole Drill <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> GBC Bind <input type="checkbox"/> Top <input type="checkbox"/> Side	<input type="checkbox"/> ACCO Bind <input type="checkbox"/> Deposition Binders <input type="checkbox"/> Manila Folders <input type="checkbox"/> Redropes <input type="checkbox"/> Bind Copies as Originals
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Special Instructions _____

Order Written 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 _____

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 _____
