



Comet Copy Duplicating Work Order

Contact Name _____ Date Submitted: _____ Time: _____
 Department _____ Date Required: _____ Time: _____
 Extension _____ Instructor _____
 Name of Original _____

Account Code _____ **Number of Copies** _____ **Number of Originals** _____

Paper	Size	Binding	Folding/Cutting
<input type="checkbox"/> White	<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> Staple - Upper left Portrait	<input type="checkbox"/> Half fold
<input type="checkbox"/> Color _____	<input type="checkbox"/> 8.5 x 14	<input type="checkbox"/> Staple - Upper left Landscape	<input type="checkbox"/> Letter fold
<input type="checkbox"/> 3 - Hole	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> Staple - Booklet	<input type="checkbox"/> "Z" fold
<input type="checkbox"/> 2 - Hole	<input type="checkbox"/> 12 x 18	<input type="checkbox"/> Saddle Stitched	<input type="checkbox"/> Double Parallel
<input type="checkbox"/> Perforated		<input type="checkbox"/> Production Binding	<input type="checkbox"/> Gate Fold
<input type="checkbox"/> Transparencies		<input type="checkbox"/> Coil Binding	<input type="checkbox"/> Cutting
		<input type="checkbox"/> Comb Binding	<input type="checkbox"/> Drilling

Other Specifications

- Single sided Double sided Paper provided
 Collate
 Color Copies Laminating
 Scan to File CD Burning

Finished Work

- Shelf (pick up) Will wait
 Test Cabinet Deliver

Special Instructions _____

Comet Copy Use Only:
Machine - 600 / 1050 / 6500 /
Copies per Original _____
Number of Originals _____
Total copies _____
Initials _____