



CONSTRUCTION DOCUMENT WORK ORDER

Date: _____

Due Date: _____

Due Time: _____

CHARGE TO:

COMPANY NAME
ADDRESS
PHONE NUMBER

RETURN ORIGINALS TO:

COMPANY NAME
ADDRESS
ATTN:

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NAME
PHONE NUMBER
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JOB #
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(For multiple splits, please attach distribution list)

SAME AS ABOVE

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# OF PAGES	TYPE OF ORIGINALS	SCAN TO	SELECT IF COLOR	# OF COPIES/SETS	SCAN SIZE
	<input type="checkbox"/> CD/DRIVE <input type="checkbox"/> HARDCOPY	<input type="checkbox"/> FILE <input type="checkbox"/> CD <input type="checkbox"/> EMAIL <input type="checkbox"/> FTP	<input type="checkbox"/>		

# OF PAGES	TYPE OF ORIGINALS	PRINTS <i>(Please check all that apply)</i>	# OF COPIES/SETS	PRINT SIZE
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	<input type="checkbox"/> CD/DRIVE <input type="checkbox"/> HARDCOPY	<input type="checkbox"/> COLOR <input type="radio"/> All <input type="radio"/> Page # _____ <input type="checkbox"/> B/W		
	<input type="checkbox"/> CD/DRIVE <input type="checkbox"/> HARDCOPY	<input type="checkbox"/> COLOR <input type="radio"/> All <input type="radio"/> Page # _____ <input type="checkbox"/> B/W		
	<input type="checkbox"/> CD/DRIVE <input type="checkbox"/> HARDCOPY	<input type="checkbox"/> COLOR <input type="radio"/> All <input type="radio"/> Page # _____ <input type="checkbox"/> B/W		

BINDING LOOSE/NONE BINDING STRIP STAPLE ONLY SCREW POST

DISTRIBUTION (PLEASE SELECT ONE OPTION FROM BELOW)

CUSTOMER PICK-UP DELIVERY SPLIT DELIVERIES (ATTACH DISTRIBUTION LIST) OTHER: _____

OTHER COMMENTS OR SPECIAL INSTRUCTIONS:

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