

Special Order Form

CAS Copy Service
Box 1608
0226 Peck Hall
618-650-2478
copyservice@siue.edu

For Office Use Only

Date Submitted: _____
Date Needed: _____
Date Completed: _____
Cost: _____

Contact Information

Name: _____ Email: _____
Department: _____ Phone: _____

Description of Order

Project Title: _____ Quantity: _____
Number of Original Pages: _____ Date needed: _____
 Black and White Color 1 sided 2 sided

Paper Colors Available (8.5x11): Please Mark/Highlight One

White Blue Green Yellow Pink Ivory Tan
Lilac Salmon Goldenrod Turquoise Gray Cherry

Finishing: Staple _____ 3 Hole Punch* _____ Booklet Fold & Staple _____
Tri Fold _____ Comb Binding _____ Cover Stock _____

*If color copies, the cost of pre-punched paper will be included in the invoice.

Sample attached yes no Proof requested yes no

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: _____