

**GRAPHIC ARTS SERVICE
ORDER FORM**

Date _____ Date Due _____

New Job: _____ Reprint: _____ Revision: _____ Old JOB # _____

Description: _____

Ordered by: _____ Ext: _____

Bill to: _____

Account No: _____ GAS Cust# _____

Deliver to: _____

Pick Up: Aux. Serv. Bldg. _____ 260 Comm. Bldg. _____

Quantity: _____ Size: _____

Paper: _____

Ink: _____

Copy Prep: _____

Bindery Instructions: _____

Special Instructions: _____

File to Dropbox: Disk: Complete Back and Supply Hard Copy

Proof Instructions: Call: _____

Send to: _____

Publication Authorization Number: _____