

PRINTING SERVICES WORK ORDER

MH204 - 59 PEARL STREET - WINNIPEG, MANITOBA R3E 3L7
PHONE: (204) 787-4072 - FAX: (204) 787-2086
E-MAIL: printserv@hsc.mb.ca

ORDER DATE _____

ORDER RECEIVED _____

DATE REQUIRED _____

SAP COST CENTRE OR PO # _____

DEPARTMENT / SITE _____

CONTACT NAME _____

SHIP TO ADDRESS _____

PHONE _____

EMAIL _____ (IF PROOF NEEDED)

CALL FOR PICK UP _____

DOCUMENT EMAILED TO printserv@hsc.mb.ca

DOCUMENT EMAILED TO _____

AUTHORIZED SIGNATURE _____

NAME (PRINT) _____

Final Quantity	Description or Form #	Special Instructions	Charges
- 100 copies of pg which is 4up = 400	Form number - eg. NS-001, W-0001, WCC-0001, PHOR (bottom left)	<input type="checkbox"/> FOLD <input type="checkbox"/> COLLATE <input type="checkbox"/> PRINT DOUBLE SIDED <input type="checkbox"/> STAPLE <input type="checkbox"/> HOLE PUNCH 2 3 5 7 <input type="checkbox"/> LAMINATE <input type="checkbox"/> PADS OF: 25 50 100 <input type="checkbox"/> PACKAGES OF: 25 50 100 <input type="checkbox"/> BLACK PRINT <input type="checkbox"/> COLOUR PRINT <input type="checkbox"/> COLOUR SHEETS _____ <input type="checkbox"/> 2 PART CARBONLESS SETS <input type="checkbox"/> 3 PART CARBONLESS SETS	
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INVOICE / BILLING INFORMATION (NON-WRHA SITES)

SUBTOTAL

PST

GST

TOTAL

Additional information or instructions: _____

Please attach a 2nd form if necessary (only one work order # is required)

FOR OFFICE USE:

MIN TIME OUTPUT FILE NAME _____ PREP _____ PRESS _____ BINDERY _____ SHIP _____