

**COLORADO DEPARTMENT OF TRANSPORTATION
REPRODUCTION WORK ORDER**

SAP assigned order #

Shaded areas for PVCC use only

Cost Center	Function	G/L account	N or P	Projects & Grants - WBS Element
Receipt date	Required date	ORIGINAL(S) TO: <input type="checkbox"/> Return to sender <input type="checkbox"/> Reproduction files <input type="checkbox"/> Other:		
Description of job/Project #				
Requested by	Authorized/approved signature	CDOT Forms approval		
Deliver to (address)	Requestors phone #	Add'l mailing information		

<input type="checkbox"/> Graphics <input type="checkbox"/> Desktop publishing <input type="checkbox"/> Video <input type="checkbox"/> Photography		Originals submitted as: <input type="checkbox"/> paper <input type="checkbox"/> digital, type:		Digital files (Doc. file name)				
Pre-Press <input type="checkbox"/> DTP <input type="checkbox"/> Half tone <input type="checkbox"/> other:			Plotter <input type="checkbox"/> Engineering copier <input type="checkbox"/> paper <input type="checkbox"/> photo type paper <input type="checkbox"/> other:					
# of originals	Copies per original	Cover paper type & color	Weight	Ink color(s) <input type="checkbox"/> Black <input type="checkbox"/> Other:	Text paper type & color	Weight	Ink color(s) <input type="checkbox"/> Black <input type="checkbox"/> Other:	Carbonless <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Other: Business card* <input type="checkbox"/> 250 <input type="checkbox"/> 500
Printing information <input type="checkbox"/> One side <input type="checkbox"/> Front & Back <input type="checkbox"/> Other: <input type="checkbox"/> Top to top <input type="checkbox"/> Top to Bottom <input type="checkbox"/> Numbering from: _____ to _____				Finish size <input type="checkbox"/> 8.5 X 11 <input type="checkbox"/> 17 X 22 <input type="checkbox"/> Other: <input type="checkbox"/> 8.5 X 14 <input type="checkbox"/> 19 X 25 <input type="checkbox"/> 11 X 17 <input type="checkbox"/> 20 X 28		<input type="checkbox"/> Bleed(s) <input type="checkbox"/> Trims <input type="checkbox"/> Cuts		
Bindery information <input type="checkbox"/> Corner staple <input type="checkbox"/> Book staple <input type="checkbox"/> Saddle staple <input type="checkbox"/> Face staple <input type="checkbox"/> Drill/ # of holes: _____ <input type="checkbox"/> Laminating <input type="checkbox"/> Perfect bind <input type="checkbox"/> Spiral <input type="checkbox"/> GBC <input type="checkbox"/> Wire-o <input type="checkbox"/> Side <input type="checkbox"/> Other: <input type="checkbox"/> Collate <input type="checkbox"/> Wrap <input type="checkbox"/> Sheets/ <input type="checkbox"/> Sets per pad: _____ <input type="checkbox"/> Top							Folds <input type="checkbox"/> Letter <input type="checkbox"/> Dbl parallel <input type="checkbox"/> Z <input type="checkbox"/> Rt. angle <input type="checkbox"/> Other:	
Additional Information						<input type="checkbox"/> A B Dick <input type="checkbox"/> Standard Borg <input type="checkbox"/> Other:		

This version supersedes all previous versions.

CDOT Form # 155 12/16