

OFFICE WORK ORDER

Please complete the information below and allow 3-5 days to complete the job. No work will be processed unless accompanied by this form.

Date submitted _____ by _____

Phone # _____ Email address _____

Committee to be charged _____ Date needed _____

Description of work needed _____ # of copies _____

Other instructions _____

For Office use only

Checked on calendar _____ Charged to committee _____ Date completed _____

Flyer full page	\$ _____
Flyer ½ page	\$ _____
Labels	\$ _____
3-up cards	\$ _____
Envelopes	\$ _____
Photocopy & paper	\$ _____
Subtotal	\$ _____
Postage	\$ _____
Total	\$ _____