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| AGENCY | | | | | | | | | | | | | | DIVISION/SECTION | | | | | | | | | | | | | | | | | | AGENCY NUMBER | | | | | | | FORM  **A24**  (REV. 7/02) | | | | | SEAL | | | | STATE OF WASHINGTON  Department Enterprise Services Printing & Imaging COPY CENTER REQUEST FORM | | | | | | | | |
| AGENCY APPROVAL | | | | | | | | | | | | | | | | | | | | | COST CODE | | | | | | | | | | | DATE OF REQUEST | | | | | | | | | | | | DATE NEEDED | | | | | | | | | | TIME NEEDED | | |
| PRINT JOB TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ORDERED BY | | | | | | | | | | | | PHONE/FAX | | | | | | | | | | |
| DELIVER/SHIP COMPLETED JOB TO | | | | | | | | | | | | | | | | | | | | | | | ADDITIONAL DELIVERY OPTIONS  CUSTOMER PICK UP | | | | | | | | | | | | | | | | RETURN ORIGINALS/PROOF\* TO (NAME)       t | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | MAIL (CUSTOMER LIST PROVIDED) | | | | | | | | | | | | | | | | MAIL STOP/ADDRESS | | | | | | | | | | | | | | | | | |
| JOB TYPE  NEW  REVISED  REPRINT | | | | | | | | | | | | | | | | SAMPLE  PROVIDED | | | | | | | | | | | | | \*PROOF  REQUIRED | | | | | | | | INK COLORS SIDE ONE  BLACK  OTHER | | | | | | | | | | INK COLORS SIDE TWO  BLACK  OTHER | | | | | | | | | |
| NO. OF  ORIGINALS | | | | | | | NO. OF  COPIES NEEDED | | | | | | | | | SIDES PRINTED | | | | | | | | | | | | | PAPER SIZE | | | | | | | | PAPER COLOR | | | | | | | | | | WEIGHT OF PAPER | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | ONE SIDE  BOTH SIDES  HEAD TO HEAD  HEAD TO TOE  OTHER | | | | | | | | | | | | | 8 ½ X 11  8 ½ X 14  11 X 17  OTHER       X | | | | | | | | / / /  IF OTHER, PLEASE SPECIFY    COVER COLOR  BRAND | | | | | | | | | | / / /  IF OTHER, PLEASE SPECIFY: | | | | | | | | | |
| COLLATED  UNCOLLATED  SLIP SHEET | | | | | | | TRANSPARENCIES  TABS – CUTS  CARBONLESS (NCR) | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| STAPLE OPTIONS | | | | | | | | PORTRAIT | | | | | LANDSCAPE | | | | DUAL | | | | | SADDLE STITCH  (stitched on fold) | | | | | | | FOLDING OPTIONS | | | | | | | | LTR-FOLD | | | | | HALF FOLD | | | | Z-FOLD | | | | | | | CUTTING       X  (width) (length)  (Finished Size) | | | |
| PADDING OPTIONS  (Choose edge to be padded and amount per pad)      IF OTHER AMOUNT, PLEASE SPECIFY  CHIPBOARD  FAN APART ADHESIVE | | | | | | | | | | | | | | | | | PUNCH OPTIONS  (Choose no. of holes and punch side)  IF OTHER, PLEASE SPECIFY | | | | | | | | | | | | | | | | BINDING OPTIONS  THERMAL (TAPE)  COLOR  COMB BINDING  COLOR  SPIRAL BINDING  COLOR | | | | | | | | | SHRINK WRAP  MORNING STAR (GLUE)  PERFECT BIND  OTHER | | | | | | | | | | | LAMINATING  SIZE X  LAMINATE THICKNESS | | | |
| PERFORATIONS  LOCATION | | | | | | | | | | | | | | | | | SIZE OF PERF | | | | | | | | | | | | | | NUMBERING COLOR:  RED  BLACK | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FARM OUT  VENDOR NAME | | | | | | | | | | | | | | | | | | | | ROUTE PRINTED JOB TO  BINDERY  SHIPPING  MAILING | | | | | | | | | | | | | | | | | | | PAPER ORDERED    /  / | | | | | | | | | UNITS | | | | | | | | OVERTIME |
| ORIGINALS | | | | X COPIES | | | | | | | | = TOTAL PHOTOS | | | | | | | COST CODE | | | | | | | | | PRODUCT CODE | | | | | | | | QUANTITY | | | OPERATOR COPY CENTER # DATE | | | | | | | | | | | | | | | | | |
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#### REFER TO DOWNLOADS - FORMS FOR INSTRUCTIONS AT DES.WA.GOV

PLEASE RETAIN A COPY FOR YOUR RECORDS