



# HINDS COMMUNITY COLLEGE

## PRINTING JOB ORDER

*Must have Account No., Purchase Order No., and Signature or will not be printed  
Fill out one form for each request • Send requests to Printing Coordinator's Office*

DATE \_\_\_\_\_ DATE NEEDED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ -7132- \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

DESCRIPTION OF JOB \_\_\_\_\_

COLOR OF INK \_\_\_\_\_ NUMBER OF COPIES \_\_\_\_\_

WEIGHT OF PAPER \_\_\_\_\_ COLOR OF PAPER \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

\_\_\_\_\_

PERSON AUTHORIZED TO PLACE ORDER

PHONE NUMBER

**DO NOT WRITE BELOW LINE • OFFICE USE ONLY**

IF YOU ARE HAVING BUSINESS CARDS PRINTED,  
ATTACH OLD COPY HERE WITH CORRECTIONS, IF ANY.  
ALL OTHER JOBS, ATTACH SAMPLE TO BACK OF FORM.

TO BE COMPLETED BY PRINTING COORDINATOR

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

P.O. Number \_\_\_\_\_

Cost Per M: \_\_\_\_\_

PRINTING COORDINATOR'S OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ PROOF SENT \_\_\_\_\_

PROOF RETURNED \_\_\_\_\_ DATE DELIVERED \_\_\_\_\_

BUSINESS OFFICE USE ONLY

Department \_\_\_\_\_

P.O. Number \_\_\_\_\_

No. of Tickets \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Individual tickets sent to Business Office

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Typesetting Paper  
& Chemicals \$ \_\_\_\_\_

TOTAL COST \$ \_\_\_\_\_