

INSTRUCTIONS

FILL OUT REQUEST WITH COMPLETE INSTRUCTIONS AND RETAIN GOLD COPY. PINK COPY WILL BE RETURNED AFTER PRICING.

STAFF SERVICE WORK REQUEST

REQUEST MUST HAVE PROPER AUTHORIZATION AND CURRENT ACCOUNT NO. EXHIBIT F5

J(JMBER

REQUESTED/APPROVED BY		DATE ORDERED	DATE REQUIRED
MAIL STATION	ROOM NO.	EXT. NO.	TIME REQUIRED : AM PM
FUND NO.	ORG NO.	ACCT CODE	PGM NO.
		6 3 2 1	COST SHARING

DATE COMPLETED _____

COMPLETED BY _____ NAME _____ STAFF NO. _____

CHARGES

Typesetting Charge _____

Paste-up Charge _____

Supplies _____

Typing Service Charge _____

Supplies _____

Secretarial/Clerical Charge _____

Hours _____

Date(s) _____

Addressing/Mailing Charge _____

Hours _____

Date _____

TOTAL _____

TYPESETTING

Type Style: _____
 Line Length: _____
 Point Size: _____

PASTE-UP

TYPING SERVICE

Element: _____
 Paper: _____
 Margins: _____
 Spacing: _____
 Special Supplies Used: _____
 Special Instructions: _____

SECRETARIAL/CLERICAL SERVICE

Number of Persons Requested: _____
 Date(s): _____ Hour(s): _____

ADDRESSING/MAILING SERVICE

Special Instructions: _____
 Mail to List: A B C Other
 Number of Copies for Distribution: _____
 Special Instructions: _____