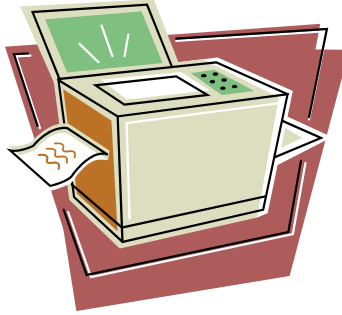


TO: BRIGGS COPY CENTER (MARISSA)



**DUPLICATING JOB
“WORK ORDER SLIP”**

TELEPHONE: (401) 270-8300

SCHOOL NAME: _____

JOB SUBMITTED BY: (Please Print) _____

***Please plan ahead for a minimum of 10 business days to complete job.**

DATE SUBMITTED: _____ **DATE REQUESTED:** _____

NUMBER OF ORIGINAL PAGES: ____ **NUMBER OF COPIES DESIRED:** ____

AMOUNT OF PAPER SUBMITTED: ____ **REAMS**

Special Instructions: (Please check all that apply)

Collate ____ **Staple** ____ **Hole Punch** ____

Single Sided ____ **Double Sided** ____

Other: _____

***If it is a book can it be taken apart? Yes Or No:** ____

EMPLOYEE’S SIGNATURE: _____

For Copy Center Use Only

Date Received at Briggs: _____

Date Completed: _____