



601 WEST FIFTH STREET, SUITE 204
 LOS ANGELES, CA 90071
 PHONE: (213) 673-4460
 TOLL FREE: (888) 337-3776
 FAX: (213) 892-1031
 www.lareprographics.com

Time In
Time Due

Job #
Date
Date Due

Firm Name: _____	Billing or Delivery Instructions:
Address: _____	_____
Phone #: _____	_____
Contact: _____	_____
Billing Reference #: _____	_____

Number of Originals _____ Number of Copies _____

<p><u>COPY SIZE</u></p> <p>____ Size for Size</p> <p>____ 8-1/2 x 11</p> <p>____ 8-1/2 x 14</p> <p>____ 11 x 17</p> <p>____ Color For Color</p>	<p><u>COPY SIZE</u></p> <p>____ 2-Sided for 2-Sided</p> <p>____ Convert 1-Sided to 2-Sided</p> <p>____ Convert 2-Sided to 1-Sided</p> <p>____ Copy Only Tagged Originals</p> <p>____ Copy Only Clipped Originals</p> <p>Side _____ Top _____</p>	<p><u>OVERSIZE DOCS.</u></p> <p>____ Size For Size</p> <p>____ Reduce to _____</p> <p>____ Enlarge to _____</p> <p>____ Fold</p> <p>____ Roll</p> <p>____ Color for Color</p> <p>____ Mount on Foam Core</p> <p>____ Mount on Gator Board</p>
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COPY INSTRUCTIONS

____ Staple copies as Originals

____ Clip Copies as Originals

____ Do Not Staple or Clip Copies

____ Rubber Band Copies

____ Copies Slip Sheeted as Originals (color)

____ Reclip/Restaple Originals

____ Rebind Originals

DO WE COPY?

Covers	Yes _____	No _____
Redwells	Yes _____	No _____
Spines	Yes _____	No _____
File Folders	Yes _____	No _____
Divider Tabs	Yes _____	No _____
Standard Language	Yes _____	No _____

Post-it Notes

____ Remove & Replace

____ Separate Page

____ Doc. W/Post-it & W/O

<u>BINDING</u>	
ORIGINALS	COPIES
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____
____	____

LABELING

____ Original Labeled CopeiesLabeled _____

____ Originals Bate Stamp Copies Bate Stamp _____

Prefix _____

Starting # _____

Space _____

TAPES

____ Video Tape ____ Audio Tape

Special Instructions: _____
