



INVOICE/WORK ORDER

(916)686-6389 or (916) 616-2738
 SUSANA@DIGITALPRINTSOLUTION.COM
 WWW.DIGITALPRINTSOLUTION.COM

DATE ORDERED	DATE NEEDED	TIME NEEDED
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AM
PM

FIRM		CONTACT NAME	P.O.#
STREET ADDRESS		CITY/STATE/ZIP CODE	
PHONE #	E-MAIL ADDRESS	JOB NAME OR #	

STAPLE IN SETS
 EDGE BINDING
 FOLD PRINTS TO:
 _____ X _____

DESCRIPTION OF ORIGINALS **DIGITAL SYSTEM**

NUMBER OF ORIGS.	NUMBER OF SETS	DESCRIPTION OF ORIGINAL DRAWING (SIZE, MATERIAL, ETC.)	Vault This Set	PRINTS			PLOTTING			SCAN		
				Bond	Vellum	Mylar	Bond	Vellum	Mylar	Disk	Zip	CD

SPEC BOOKS

				ACCO STAPLE	GBC SPIRAL	PLASTIC CARDSTOCK	COLOR _____
				ACCO STAPLE	GBC SPIRAL	PLASTIC CARDSTOCK	COLOR _____

SPECIAL INSTRUCTIONS:

DELIVER TO (IF DIFFERENT FROM ABOVE):

FIRM: _____

CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

EMAIL FILES TO: SUSANA@DIGITALPRINTSOLUTION.COM