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 Fax: (323) 271-0375

**WORK ORDER FORM**

ITEM #	DESCRIPTION OF ORIGINALS	NO. OF COPIES	SIZE (1/2, FULL)	MEDIA (Bond, Vellum, etc.)
1				
2				
3				
4				
5				
6				
7				
8				

**SPECIAL INSTRUCTIONS:**

**CHARGE TO:**

Company: \_\_\_\_\_  
 Ordered by: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**PROJECT INFO:**

Job Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Job Num: \_\_\_\_\_  
 PO Num: \_\_\_\_\_  
 Due Date: \_\_\_\_\_  
 Due Time: \_\_\_\_\_

**SHIP COPIES TO:**

Company: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Originals To: \_\_\_\_\_  
 \_\_\_\_\_