



# Xact Reprographics

5123 N. Florida Avenue, Tampa, FL 33603  
 (813) 237-3368 FAX (813) 238-2510  
 1-800-262-XACT (9228) www.xactrepro.com  
 repro@xactrepro.com ftp.xactrepro.com/plotfiles

## REPRODUCTION WORK ORDER

Received by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_  
 Sold To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_

P.O. Number: \_\_\_\_\_  
 Job Number: \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Date Due: \_\_\_\_\_ Time Due: \_\_\_\_\_  
 Customer Contact: \_\_\_\_\_

LARGE DOCUMENT COPIES (11 x17)				DUPLICATING/QUICK COPY REPRODUCTION			
Size of Originals	No. of Originals	No. of Copies from each	Color <input type="checkbox"/> Inkjet <input type="checkbox"/> Light Jet® Color Photos <input type="checkbox"/>	Black & White <input type="checkbox"/> Laser <input type="checkbox"/>	No. of Originals	No. of Copies from each	<input type="checkbox"/> Color <input type="checkbox"/> Black & White
A			<b>LARGE DOCUMENT LASER</b> 20# Bond <input type="checkbox"/> 24# <input type="checkbox"/> 32# <input type="checkbox"/> 18# Vellum <input type="checkbox"/> Erasable Vellum <input type="checkbox"/> 3 Mil Mylar <input type="checkbox"/> _____% original size  <b>LARGE DOCUMENT INKJET</b> 20# CAD Bond <input type="checkbox"/> 24# Color Bond <input type="checkbox"/> 35# Premium Color Bond <input type="checkbox"/> 45# Heavy Weight Color Bond <input type="checkbox"/> 7 Mil Photo Base <input type="checkbox"/> Gloss <input type="checkbox"/> Semi Gloss Call for Specialty Media -TYVEK, Window Cling, Floor Graphics, Canvas, Vinyl, Backlit		L		<input type="checkbox"/> Print Front Only <input type="checkbox"/> GBC Bind
B					M		<input type="checkbox"/> Print Front & Back <input type="checkbox"/> Unibind
C					N		<input type="checkbox"/> Front Cover Specify _____
D					P		<input type="checkbox"/> Back Cover <input type="checkbox"/> Coil Bind
E					Q		<input type="checkbox"/> Laminate Cover & Back <input type="checkbox"/> Screw Post
F					R		Cover Color _____ <input type="checkbox"/> Staple
G					S		<input type="checkbox"/> Z-Fold
H					T		<input type="checkbox"/> 3-Hole Drill
I							
J							
K							

MOUNTING		LARGE FORMAT LAMINATING		SCANNING SERVICES		
Foamcore <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/2"	<input type="checkbox"/> Front Only <input type="checkbox"/> Encapsulate <small>(for mounted boards only) (both sides)</small>	Size Orig	Number of Orig	Scan to TIFF <input type="checkbox"/>	<b>ARCHIVE</b>	
Gatorboard <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/2" <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Gloss <input type="checkbox"/> 3-mil			Scan to PDF <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Sintra <input type="checkbox"/> 3mm <input type="checkbox"/> 6mm <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> Luster <input type="checkbox"/> 5-mil			Scan to JPEG <input type="checkbox"/>		
<input type="checkbox"/> Other	<input type="checkbox"/> Matte <input type="checkbox"/> 10-mil			Burn CD <input type="checkbox"/>		
	<input type="checkbox"/> Deep Crystal <input type="checkbox"/> Other			Other <input type="checkbox"/> _____		

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL DELIVERY LOCATIONS**

Delivery Contact: _____	Delivery Contact: _____
Company Name: _____	Company Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____