



Tristate Invoice # _____

REPROGRAPHICS INC.

907 Penn Avenue, Suite 700, Pittsburgh, PA 15222 Phone: 412-281-3538 Fax: 412-281-3344

# of orig	# of copies	Size	BLACK AND WHITE DIGITAL PLAIN PAPER COPYING/PLOTTING				
			BOND	<input type="checkbox"/> Staple	<input type="checkbox"/> Bind		
			REPRODUCIBLE	<input type="checkbox"/> Vellum	<input type="checkbox"/> Mylar	<input type="checkbox"/> Acetate	
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			COLOR LASER COPY	<input type="checkbox"/> Paper	<input type="checkbox"/> 2-Sided	<input type="checkbox"/> Cover		
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# of orig	Thickness	Size	MOUNTING & LAMINATING					
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				<input type="checkbox"/> black	<input type="checkbox"/> white			
			LAMINATING	<input type="checkbox"/> Gloss	<input type="checkbox"/> Matte	<input type="checkbox"/> Luster	<input type="checkbox"/> 2-Sided	<input type="checkbox"/> UV
			<input type="checkbox"/> Tape Edging	<input type="checkbox"/> Grommets	<input type="checkbox"/> Velcro	<input type="checkbox"/> Hook	<input type="checkbox"/> Loop	<input type="checkbox"/> Easel

REMARKS

Company _____

Address _____

Phone/Ext _____

Ordered By _____

P.O. # _____

Job Reference _____

DATE / TIME NEEDED ___/___/___

8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00
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