NEW YORK
 Office of
 Central Printing & Copy Center

 OPPORTUNITY.
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For Office Use Only Job Number

## Print/Copy Order Form (CS-507)

Agency Identification					
Agency Code	Speed Chart Name	Agency Name		Date Ordered	Due Date
Agency Contact		Phone Number	Secondary Contact		Phone Number
Description of Material to be Printed					
Title and/or Brief Description of Material					
Select Typeset Busir	ness Cards Color Copies	B&W Copies Specify	rder Quantity # of Ma	sters Completed Size	Color Ink
Select Sheets S	ets Pads Booklets	Envelopes Specify Paper	Color Grade		
Select Cover Cover Stock Front Back Inside Front Inside Back					
Print Operations					
Print —	· · · · · · · · · · · · · · · · · · ·	Two Sided Head to Head	Head to Toe		
Punch —		Other - Sample Required			
Collate Specify Number of Sheets to a Set					
Staple     Specify     Upper Left Corner     2/Side     Saddle     Landscape     Other - Sample Required       Binding     Specify     GBC Plastic     Tape     Other					
Pad Specify Number of Sheets to a Pad Carbonless Sets					
Fold ————————————————————————————————————					
Trim Specify Trim to x Completed Size					
Wrap —	Specify # of	Sheets/Packages	# of Sets/Packages		
Remarks or other operations desired:					
Proofs					
Do you need a proof copy? Yes If yes, specify Email a PDF to: enter email address Mail a Hardcopy to: enter name and mailing address No					
Delivery Instructions					
Customer Name Customer Shipping Address					
OGS Use Only					
Sheets	Total Impressions	Stock	Remarks		
Shipped By		Date Shipped			