



KELLY+PARTNERS INC.

Your Document Management Partner

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1500 Market Street
Philadelphia, PA 19102
Tel: 215.569.3600
Fax: 215.569.8030

Job no. _____

Name: _____

Address: _____

City: _____ **Zip:** _____

Suite: _____ **Floor:** _____ **Phone:** _____

Requested By: _____

Number of Originals/boxes: _____

Day Due: _____ **Time Due:** _____

File Name: _____ **File no:** _____

Number of copies ordered: _____

COPYING

Copy as is	<input type="checkbox"/>	Do we copy?	Yes	No	Slipsheet
Copy only tagged originals	<input type="checkbox"/>	File folders & tabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy all onto 8.5x11	<input type="checkbox"/>	Post-it notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staple & clip as originals	<input type="checkbox"/>	Exhibit/divider tabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Band per file/folder/book	<input type="checkbox"/>	Front covers & spines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convert 1 sided to 2 sided	<input type="checkbox"/>	Redundant backs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convert 2 sided to 1 sided	<input type="checkbox"/>	Color slip sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Upsize Documents (maps, blueprints, etc.)

- Upsize same size
- Reduce to _____
- Fold copies
- Roll copies

Color Copies

- Copy as original
- Blow up to _____
- Copy one photo/page
- Copy two photo/page

Exhibit Boards

- Black & white xerographic
- Photographic
- Color (Canon Bubble Jet)
- Size _____

FINISHING

<ul style="list-style-type: none"> 3-hole drill • side <input type="checkbox"/> 2-hole drill • side <input type="checkbox"/> 	<p>Binding</p> <ul style="list-style-type: none"> GBC <input type="checkbox"/> Staple <input type="checkbox"/> Depo <input type="checkbox"/> 3-Ring binder <input type="checkbox"/> Size _____ <input type="checkbox"/> 	<p>Velobind</p> <ul style="list-style-type: none"> Side <input type="checkbox"/> Top <input type="checkbox"/> <p>Originals</p> <ul style="list-style-type: none"> Bind <input type="checkbox"/> Do not bind <input type="checkbox"/> 	<p>Binding</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Front</th> <th style="text-align: center;">Back</th> </tr> </thead> <tbody> <tr><td>Clear</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Black</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Red</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Blue</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Front	Back	Clear	<input type="checkbox"/>	<input type="checkbox"/>	Black	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	Red	<input type="checkbox"/>	<input type="checkbox"/>	Blue	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Other _____	<input type="checkbox"/>	<input type="checkbox"/>																						

Special Instructions