

Documents, Media & Mail Patient Education Items Special Work Order

Campus: 500 Parnassus Avenue, Millberry Union Building, H Level, Room H-10E, Box 0284
 Production: 1855 Folsom Street, Mission Center Building Rm. 161, Box 0284
 Phone: 415/514-2054, Fax (Campus): 415/476-1368, Fax (Production) 415/502-2737
 Web Site: <http://www.campusliveservices.ucsf.edu> • File Transfer site: <ftp://rquest.ucsf.edu>

VIS #: _____ Job No: **D** _____
 Estimate #: _____ CSO Intitals: _____
 Your archive number is: _____

New Job Order Date: _____ Due Date: _____
 RUSH Due Time: _____

Fund / DPA **6 3 0 0 1** Account **4 2 8 2 5 9**

Order for:

Department: _____
 Contact: _____
 Address/Building: _____
 Phone: _____ Fax: _____ Box mail stop: _____

Ship To, If different: Split Delivery

1. To: _____
 Address: _____
 Phone: _____
 2. To: _____
 Address: _____
 Phone: _____

Bill to:

Department: **Strategic Development**
 Contact: **Sophie Peters**
 Address/Building: **2300 Harrison St. 1st Floor**
 Phone: **353-4447** Fax: **353-4916** Box mail stop: **0940**

Additional shipping information at bottom of page

I verify that this order is in compliance with Federal Law on the reproduction of copyright materials used in instruction and research, and approve all charges for this order. If order will be paid for with non-UC funds, please make check payable to "UC Regents."

Authorized Signature: **X** _____

**Y Y W
H C H
M H M**

JOB DESCRIPTIONS

1. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Item No. _____	Qty _____	Description _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANY QUANTITY OF A SINGLE ITEM OVER 100 MUST BE APPROVED BY SOPHIE PETERS AT 415/353-4447

SPECIAL INSTRUCTIONS

If more room is needed please use the back of the first sheet. _____

PatientEd_WorkOrder 02/05

Operator	Total Impressions	Price	Date Completed