GVPT WORK ORDER
send to: ddelmarr@gvpt.umd.edu

NAME_____ Date

WORD-PROCESSING:

Date to proof

Draft printout _____ Or Final printout

Save on H: drive or disk? _____ File name:

INSTRUCTIONS:

PHOTO-COPYING:

Due Date

Number of copies _____ Collate _____ Staple

INSTRUCTIONS:

MAIL BOXES:

Dates: From _____ To

For Office delivery, what room?

For Home delivery, address.

INSTRUCTIONS:

SUPPLIES NEEDED: (to save you time, we can place the supplies you need in your mailbox)
   If the supply is for a program, please supply the account to charge:

List: