Paper Order Form

Name: _____ Phone #: _____

Dept./Agency: _____ E-Mail: _____

Deliver to: _____

Paper Size:	Weight	Amount:	Color:
☐ 8.5 X 11	☐ 20 #	Boxes _____	☐ White
☐ 8.5 X 14	☐ 24 #	Reams _____	☐ Other
☐ 11 X 17	☐ Cover Stock		_____
			_____

Paper Size:	Weight	Amount:	Color:
☐ 8.5 X 11	☐ 20 #	Boxes _____	☐ White
☐ 8.5 X 14	☐ 24 #	Reams _____	☐ Other
☐ 11 X 17	☐ Cover Stock		_____
			_____

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☐ 8.5 X 14	☐ 24 #	Reams _____	☐ Other
☐ 11 X 17	☐ Cover Stock		_____
			_____

Other Paper:

Size: _____

Color: _____

Type: _____

Other Paper:

Size: _____

Color: _____

Type: _____

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