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MFG#

Work Order #

Please do not write in this space

WORK ORDER

CHARGE TO _____ ACCT # _____ DATE _____ CONTACT _____

ADDRESS _____ DATE/HOUR DUE _____ JOB NO. _____

CITY _____ PHONE/DAY _____ JOB NAME _____

STATE _____ ZIP _____ PHONE/EVENING _____ HOME _____ PURCHASE ORDER NO. _____

Work Order Information

PROCESS/DEPT	TOTAL ORIG.	Number of Copies	FILENAME / DESCRIPTION / INSTRUCTIONS	MATERIAL	SIZE	BLEED					OP. CODES

SPECIAL INSTRUCTIONS:

Work Order was PREPARED BY: _____

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