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Invoice #

*Client/Firm: _____

*Email Invoice Require Paper Invoice

*Contact Person: _____

Today's Date: _____

Address: _____

*Date/Time Required: _____

*Email: _____

Case Name: _____

*Phone: _____

File # / PO # _____

Pickup Delivery

COPY Quantity _____

STRAIGHT COPY: All copies without staples, clips and tabs. Sets banded and returned

EXACT REPRODUCTION: As is; staple for staple, clip for clip and tab for tab

Color Color As B&W Color Dependent Only

***RETURN OF ORIGINALS**

Return Originals As is Staple Originals

Bind Original Other: _____

Band Originals _____

SCAN **OCR**

Color Color As B&W Color Dependent Only

Bates Labeling **File Format**

Prefix _____ PDF

Suffix _____ TIFF

Starting Number _____ JPG

Number of Digits _____ Load File

Use Leading Zeros Provide Additional Instructions

Bookmarking Per Index Per File

Other _____

*EDD/Processing - Please Request EDD Project Form

FINISHING & BINDING

2 Hole/Acco side top Clear Cover/Black Back

3-Hole Binder Color Cover

Coil Tabs

Spiral (Comb or GBC) Insert Tabs

Velo No Tabs

Staple (upper left) Separator Sheets

Saddle Stitch Custom Tabs

DELIVERY OF DATA **Disc Label**

CD or DVD Project Title

Flash Drive No Label

FTP/Web Transfer Blank / No Title

Other Other
(please explain below)

MEDIA DUPLICATION Quantity _____

DVD X-Ray Conversion

CD File Conversion

Flash Drive Audio Cassette to CD

External Hard Drive VHS to DVD

LARGE FORMAT Quantity _____

Color B&W Staple with Binding Strip

SIZE: Screw Posts

High Quality Poster Prints / Exhibits

Gloss 24# Bond Mount on Foam Core

Satin 35# Bond

SPECIAL INSTRUCTIONS
