# GHC
## GEORGIA HIGHLANDS COLLEGE

# Publications & Printing
# WORK ORDER
## College Relations Department

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**FOR OFFICE USE ONLY**

_____  $ _____   _____
Date Received                    Printing Cost                     Date Completed

Ordering Department (Contact Person) _____

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**PAYMENT TYPE:**

☐ Purchase Order No. _____   ☐ Credit Card   ☐ Transfer Funds   ☐ Grant

*(Purchase Order or Credit Card required when using outside vendor.  Transfer Funds when all work is completed in-house.)*

*REQUIRED WHEN DOING A TRANSFER OF FUNDS:*

**Department #** _____ **Fund** _____ **Program** _____ **Class** _____

*REQUIRED WHEN USING A GRANT:* **Grant #** _____

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Job Description _____

_____

_____

_____

No. of Copies _____   Date Needed _____

*Please check services needed:*

☐ New Project
☐ Reprint as is
☐ Reprint with changes (attach sample copy)

☐ Black & White
☐ Color

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# Proofreading Verification

☐ OK to Print        ☐ OK to Print / with changes

Proofreader's Signature _____  Date _____