

LIVE WORK ORDER REQUEST

Use one sheet for each separate title requested. Return this form along with your attached materials to: Teresa Lacy, Director; Library and Resource Center, PO Box 698, Talladega, AL 35161

NAME: _____ DEPARTMENT: _____ DATE: _____

TITLE OF MATERIALS: _____

Check one or more:

- A. Transcribed _____
- B. Recorded _____
- C. Duplicated _____
- D. Bound _____
- E. Repaired _____
- F. Scanned _____

Library Retain Master? Yes: _____ No: _____ If not, send master to: _____

Format requested and number of copies:

<u>FORMAT</u>	<u>NUMBER OF COPIES</u>
Braille: Contracted	_____
Braille: Uncontracted	_____
Thermoform:	_____
Raised Line:	_____
Large Print:	_____
Regular Print:	_____
Large Print (Color):	_____
Regular Print (Color):	_____
CD/DVD/Cartridge:	_____

Ship to: _____

Authorized Signature: _____

AIRCB USE ONLY:

Date Received: _____ Date Shipped: _____

Shipped to: _____

VIA: Handmail _____ USPS _____ UPS _____ Hand Delivered _____ Pick Up _____

Materials Used:

CBP: .40 _____ LPP: .20 _____ CD/DVD: 1.00 _____
 Graphic: 1.00 _____ RPP: .10 _____ Cartridge: 10.00 _____
 Binder: 4.00 _____ LPCP: 2.00 _____
 Spine: .25 _____ RPCP: 1.00 _____
 TOTAL BILLED \$ _____

Completed by: _____ Time: _____