

PRINT SHOP & MAILROOM

Telephone 705-748-1403 (Print Shop) Telephone 705-748-1011 X7433 (Mail Room) Facsimile 705-748-1655 www.trentu.ca

SCANTRON ORDER FORM

Requested by: _____ Email: _____

Tel. #: _____ Department: _____

Please *order* required scantrons *one week* in advance. Please allow up to *one week* for processing completed scantrons. There is a RUSH charge of \$10.00 per order if required earlier than the one week processing window. There is a minimum scan charge of \$15.00.

Results will be sent via email to the address provided on this form.

Form options:

Please check box to indicate which scantrons you would like and print number of scantrons you would like sent to your department

- 150 Questions "A,B,C,D,E" _____ qty
- 100 Questions "A,B,C,D,E" _____ qty
- 80 Questions "A,B,C,D,E,F" _____ qty
- RUSH ORDER \$10.00 _____
Print Shop use only

Please return:

- First scantron marked as "answer key" (with the correct answers)
- All completed scantron sheets
- Any unused scantrons to Print Shop - you will be credited for them

Provide your department debit account to bill charges to:

Date Scantrons *received* by Print Shop: _____

Date *picked up* by Requesting Dept.: _____

Print Shop Use Only:

Number of Scantron Sheets provided: _____ @ 11¢ each Total Billed \$ _____

Cost of Scanning: Rush Charge \$10 Minimum Scan Charge \$15

of scantron sheets scanned: _____ @ 16¢ each Total Billed \$ _____