



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 \$15.00 per order if required earlier than the one week processing window. There is a minimum scan charge of \$20.00.

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	<u>\$15.00</u>	_____

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: _____ @ 15¢ each Total Billed \$ _____

Cost of Scanning: Rush Charge \$15 Minimum Scan Charge \$20

of scantron sheets scanned: _____ @ 20¢ each Total Billed \$ _____