



**BAYLOR**  
UNIVERSITY

# Reprint Work Order Form

**Previous Print Job Title:**

**Previous Baylor PPO Number:**

**Previous Print Provider  
Job Invoice Number:**

**Department Name:**

**Department ID Number:**

**Contact Name:**

**Contact E-mail:**

**Phone:**

**Mailing Address (One Bear Place):**

**City:**

**State:**

**Zip Code:**

**Desired In-hand Delivery Date:**  
(allow 5-7 business days after proof approval)

**Type of Proof:**

**Physical Proof**

**PDF (digital proof)**

**Delivery:**  
(list building name, physical address,  
room number and attention)

**Special Instructions:**