



PRINT CHARGES

Date: _____

| | | | | |
|-------------------------------|---|---|----------|-----------------------|
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| Address: | | | | |
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| Telephone #: | | | | |
| Drawing Numbers: | | | | |
| Quantity | Number of Pages/Size | Charge/Fee | | Extended Total |
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| | 34" x 45" (Black & White) | 5.00 | | |
| | 24" x 36" Mylar | 11.00 | | |
| | Other = \$4.00 per square foot | | | |
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