

**University of South Carolina  
Dissertation and Thesis  
Order Form**

Printing Services @ Russell House  
1400 Greene Street  
Suite 019  
803-777-3820  
psrh@sc.edu  
Fax 803-777-3598

THIS AREA FOR INTERNAL USE ONLY

Job # \_\_\_\_\_

**Customer Information**

Name _____	
Phone _____	Email _____

**Electronic File Information** *Note: All files should be submitted in pdf format, with your last name in the title.*

File Name & Format \_\_\_\_\_

**Printing Information** *All dissertations & thesis are printed 1-sided and on 25% cotton paper unless otherwise stated in Special Instructions below.*

Total # of pages _____	Approx. # of pages printed in <b>Color Ink</b> _____	Approx. # of pages printed in <b>Black Ink</b> _____
<b>Special Instructions/Comments</b> _____ _____		

**Delivery**

<input type="checkbox"/> Customer to Pick Up	<input type="checkbox"/> Ground Shipping <i>We only ship domestically</i>	Name _____		
		Address _____		
<input type="checkbox"/> Deliver to Department	<input type="checkbox"/> Ground Shipping <i>We only ship domestically</i>	Address _____		
		City _____	State _____	Zip _____

**Hard Back Binding Information**

Spine Text Last Name, First Initial (20 characters maximum) _____	Degree Abbreviation _____	Year _____
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**Choice of Binding Colors**

<b>GARNET</b>	Quantity _____	<b>BLACK</b>	Quantity _____	<i>Most departments require the Garnet, however you can order mixed colors.</i>	Total to be Bound _____
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REGISTER RECEIPT (if applicable)

I understand that I am solely responsible for full payment of this order at the time of order submission. I also understand that Printing Services @ Russell House does **not** accept credit or debit cards. Payment must be in the form of either: **Department\***, **Cash**, **Check** or **CarolinaCard**.  
\*Department paid submissions also require standard printing request form to be attached to this order form.

Agreed By _____	Date _____
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**Payment Information**

Department \_\_\_\_\_  
*Attach printing request form if paying with department funds*

Cash

CarolinaCard

Check # \_\_\_\_\_

Clerk's Initials \_\_\_\_\_  
*Cashier must also initial type of payment.*

Date Payment Received \_\_\_\_\_

Receipt # \_\_\_\_\_

**Total Cost** \$ \_\_\_\_\_

Received By _____	Date _____
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