



Scan Sheet Order Form

Name:	Email:
Office Phone:	Office Fax:
Department/Unit:	
College/Admin Area:	

Delivery Options

Pickup at Rider II		
Received By:		
Received On:		
Campus Mail (Limit of 1 pack sent by Campus Mail)		
Campus Address:		
Ship (Requires account number for postage charge)		
Attention:	Account:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip:

Requested Forms

Qty	Code	Description
	5C2004	5-Choice Full Sheet (package of 500 sheets)
	5CH2005	5-Choice Half Sheet (package of 500 sheets)
	10C2005	10-Choice Full Sheet (package of 500 sheets)
	IGS 2005	Instructor Graded Score (package of 500 sheets)
	JRF	Job Request Form (approximate number needed)

Internal Use

Order Number:
Received On:
Processed By:
Shipping Carrier:
Shipped On:

You may submit this form by mail or fax

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