



COPY PAPER

FOAPAL					
Fund	Organization	Account	Program	Activity	Location
Delivery Address: _____ Dept.: _____ Reg. _____					
No.: _____					
Room No. _____			Building _____		

MINIMUM ORDER OF 10 CARTONS (50,000 SHEETS)

ITEM CODE	QUAN.	ORDER UNITS	ITEMS DESCRIPTION	UNIT PRICE	ESTIMATED ORDER VALUE
GREW9210		Ctn. (5000 Sheets)	8 1/2" x 11", RECYCLED	\$47.40	
GREW921272		Ctn. (5000 Sheets)	8 1/2" x 14", Recycled	\$65.41	
GREW9220		Ctn. (2500 Sheets)	11" X 17", Recycled	\$51.30	
			BOND COPY PAPER 20LBS.		
RELM9210		Ctn. (5,000 Sheets)	8 1/2" x 11", White	\$44.27	
RELM921272		Ctn. (5,000 Sheets)	8 1/2" x 14", White	\$61.43	
RELM9220		Ctn. (2,500 Sheets)	11" x17", White	\$48.18	
RELM9210P		Ctn. (5,000 Sheets)	8 1/2" x 11", White, 3 Hole	\$48.18	
			BOND COLOR COPY PAPER, 20LBS.		
FORMPCAN10		Ctn. (5,000 Sheets)	8 1/2" x 11", Canary	\$57.63	
FORMPPIN10		Ctn. (5,000 Sheets)	8 1/2" x 11", Pink	\$57.63	
FORMPIVO10		Ctn. (5,000 Sheets)	8 1/2" x 11", Ivory	\$57.63	
FORMPGRE10		Ctn. (5,000 Sheets)	8 1/2" x 11", Green	\$57.63	
FORMPBLU10		Ctn. (5,000 Sheets)	8 1/2" x 11", Blue	\$57.63	
FORMPCRE10		Ctn. (5,000 Sheets)	8 1/2" x 11", Cream	\$57.63	
FORMPGOL10		Ctn. (5,000 Sheets)	8 1/2" x 11", Goldenrod	\$57.63	
FORMPORC10		Ctn. (5,000 Sheets)	8 1/2" x 11", Orchid	\$57.63	
FORMPBUF10		Ctn. (5,000 Sheets)	8 1/2" x 11", Buff	\$57.63	
FORMPCHE10		Ctn. (5,000 Sheets)	8 1/2" x 11", Cherry	\$57.63	
FORMPGRA10		Ctn. (5,000 Sheets)	8 1/2" x 11", Grey	\$57.63	
FORMPPIN1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Pink	\$78.51	
FORMPBLU1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Blue	\$78.51	
FORMPGRE1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Green	\$78.51	
FORMPIVO1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Ivory	\$78.51	
FORMPCAN1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Canary	\$78.51	
FORMPORC1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Orchid	\$78.51	
FORMPCRE1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Cream	\$78.51	
FORMGOL1272		Ctn. (5,000 Sheets)	8 1/2" x 14", Goldenrod	\$78.51	

Name: _____	Order Value	
Dept. Fax: _____	HST	
Dept. Tel.: _____	Grand Total	

Authorized Signature: _____ Date: _____