

Copy Center Request Form

(Please enter an X to the left of the options you want)

Date In: _____ Date Due: _____ Confidential Ext: _____

Name: _____ Dept: _____ Bldg: _____ Floor: _____

Budget Number: _____

Title of Originals: _____ #Orig.: _____ #Copies: _____

Copy from book: Page _____ to _____

COPYING: BLACK INK

SIZE: ___ 8.5x11 ___ 8.5x14 ___ 11x17 ___ Customer Stock: _____

___ White ___ Cardstock ___ Transparencies ___ Specialty/Bond: _____

___ Color ___ Tabs: _____

COPYING: COLOR INK

SIZE: ___ 8.5x11 ___ 8.5x14 ___ 11x17 ___ Paper ___ Cardstock (no 14")

SCANNING: Page _____ to _____ Provide Paper Copy

FINISHING

___ Back-to-Back ___ Collate

___ 3 Hole Punch

___ Staple # Times: ___ 1 ___ 2

___ Separator Sheets _____

___ Booklet

Fold: ___ Head In ___ Head Out ___ 1/2

___ 1/3 ___ Z ___ 1/4

Binding: ___ Cloth ___ Spiral

___ Covers: ___ Plastic ___ Vinyl

___ Cardstock

___ GBC Bind: ___ Black ___ Blue ___ White

___ Cutting: Cut to _____ x _____

___ Table Tents # _____

___ Pads: # _____ # sheets/pad _____

DELIVERY

___ Call when ready _____

___ Courier Bldg _____ Floor _____

___ Campus Mail _____

___ Shelf _____

___ Email _____

SPECIAL INSTRUCTIONS
