COPY CENTER REQUEST FORM

Today’s Date / Time: __________________________  Date / Time Required __________________________
Requested By: ________________________________  Telephone Number: ____________________________
Department Organization #: ____________________
Call When Ready & Hold for Pick up
Delivery Info: ________________________________

Proof  Yes  No

JOB DESCRIPTION:

Number of Pages Per Original: ________________  Number of Copies / Sets: __________

☐ 8.5 x 11  ☐ Copy One to One Sided  ☐ Collated and Stapled  ☐ One Staple
☐ 8.5 x 14  ☐ Copy One to Two Sided  ☐ Collated Only  ☐ Two Staples
☐ 11 x 17  ☐ Copy Two to Two Sided  ☐ Un-collated, Stacks  ☐ Landscape Staple
☐ Reduce / Enlarge  ☐ Mixed Originals, Copy As Is

Paper:
☐ White  ☐ Pastel paper (list color) ________  ☐ Transparencies
☐ White cardstock  ☐ Bright paper (list color): ________  ☐ NCR Forms: 2 3 4 5 Part (circle)
☐ Laser White  ☐ Pastel cardstock (list color): ________  ☐ Labels: ________________
☐ Laser White Cardstock  ☐ Bright cardstock (list color): ________  ☐ Other Paper: ______________

Finishing Services:
☐ 3 Hole Drill  ☐ Tape Binding  ☐ Folding:  ☐ Laminating:  ☐ Cutting: ______ size
☐ Shrink Wrap  ☐ Comb Binding  ☐ Letter Fold  ☐ Card
☐ Baggies  ☐ Coil Binding  ☐ Z Fold  ☐ 8.5 x 11
☐ Covers:  ☐ Double Fold  ☐ Half Fold  ☐ 8.5 x 14
☐ Clear Front  ☐ Custom Fold  ☐ Double Fold  ☐ 11 x 17
☐ Black Back  ☐ Custom Tabs __________________________
                          (up to 24 " width)
☐ Custom Tabs __________________________
                          From the Desk of...

Special Instructions: ________________________________

COPY CENTER USE ONLY

Date / Time Received: ________________________  Copier: ________  Waste: ________
Meter Start: ________________________________  Meter End: ________________________________
Total Billable / Item: ________________________  Price: ________________________________
                          __________________________
                          __________________________
                          __________________________
                          __________________________
                          __________________________
Total Price: ________________________________

Services / Comments: ________________________________

Operator Initials:  Date/Time Completed:  QC’d by:  On Time: Y or N