



COPY CENTER REQUEST FORM



District Print Shop

Today's Date / Time: _____
 Requested By: _____
 Department: _____

Date / Time Required: _____
 Telephone Number: _____
 Mail Stop: _____

Return Project: Customer P/U Deliver

JOB DESCRIPTION

Number of Pages Per Original: _____

Number of Copies / Sets: _____

Originals: One-Sided Two-Sided
Standard Copies:
 8.5 x 11 Copy One-Sided
 8.5 x 14 Copy Two-Sided
 11 x 17 Copy As Is
 12 x 18 Reduce _____ Enlarge _____

B&W: _____ **Color:** _____

Paper:
 20# White Color Paper: (circle one) Other Paper:
 80# Cover Pink Blue Yellow Green Transparency
 100# Cover Goldenrod Ivory

Finishing Services:
 Stapling Velo Binding Comb Binding Covers:
 Single _____ Double _____ Rebind Original Black _____ White _____ Front _____ Back _____
 Saddle Stitch _____ Tabs: Cut Black _____ White _____
 Three Hole Punch Lamination 1/4 _____ 1/2 _____ Clear _____ Special _____

Special Request / Services: _____

COPY CENTER USE ONLY

Date Received: _____	Initials: _____
Meter Start: _____	Meter End: _____
Total Billable Impressions: _____	Waste: _____
Services / Comments: _____	
Operator Initials: _____	Date/Time Completed: _____
	QC'd by: _____
	On Time: Y or N