



Duplicating Services requires 24 business hours for most in-house jobs to be completed. Run time is determined by the number of originals and quantity requested. Larger volume runs may require additional time, please plan accordingly.

We will not duplicate any copyrighted material without the written permission of the author.

Please fill in as much information as possible and complete the Billing Information section at the bottom of the 2nd page. Read this form carefully before submitting it.

Date: _____

Requestor Information

Full Name: _____ Department: _____
(First, Last Name)

Room #: _____ Phone: _____

E-mail: _____

Department Head Signature: _____ (for color prints)

Billing Information: We need full information on who will be paying for the cost of your printing.

Department: **4070500** Account: **54xxx** Fund: **00003**

Program: **80000** Class: _____ Project: _____

Details: _____ ED Authorization _____

Total Hours: _____ Total Cost: _____

Job Details

Black & White Color Poster Banner Size: _____

Copies: _____ No of Originals: _____ Job Title: _____

Paper Size: _____ Duplex: _____

Paper Type: _____ Color: _____

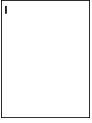




Covers: _____ Color: _____

Test/Quiz Syllabus Flyer Booklet Instructional Material CD Image


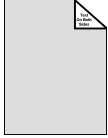
2 Ply 3 Ply Other: _____

More Information On Backside



Stapling

				
Portrait Single	Portrait Double	Landscape Single	Landscape Double	Rubberband
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


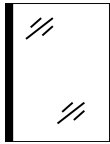
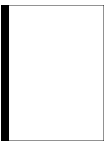
Copy

	
Single Sided	Double Sided
<input type="checkbox"/>	<input type="checkbox"/>

Collate

	
Collated 1,2,3..	Uncollated 1,1,2,2,3,3..
<input type="checkbox"/>	<input type="checkbox"/>

Binding

		
Spiral	Cover	Tape Limit 125 Sheets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions:

Please indicate and explain if you need cutting, laminating and/or other special instructions.

Date Needed: Date: _____ Time: _____

Please Sign: _____