

PHOTOCOPY REQUISITION

(Please bring form with you to Printing Services. A copy will be returned with your job.)

General Information:

Today's Date:	8/21/03	Date Needed:	
Department:		Department Acct. #:	
Department PO Box:		Phone:	
		Fax:	
Individual Filling out Form:		Email Address:	
Job Description:			

Job Information: (check type)

No. of Pages/Originals:		No. of Copies: (per page)	
<input type="checkbox"/> Front/Back:	<input type="checkbox"/> 1 Side	<input type="checkbox"/> Transparency:	

Paper Type and Color: (check size)

<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> 8.4 x 14	<input type="checkbox"/> 11 x 17	<input type="checkbox"/> Other:
Cover Color:		GBC:	
Fast Back:		Paper Color:	
Carbonless Paper:		Special Paper:	
Weight:		No. of Tabs: (per book)	
<input type="checkbox"/> 3 Hole Punch			
<input type="checkbox"/> 2 Part	<input type="checkbox"/> w/p or <input type="checkbox"/> w/y		
<input type="checkbox"/> 3 Part	<input type="checkbox"/> w/p or <input type="checkbox"/> w/y		

Binding Type: (check type)

<input type="checkbox"/> Collated	<input type="checkbox"/> Stapled	<input type="checkbox"/> Spiral Binding	<input type="checkbox"/> Fast Back	<input type="checkbox"/> Size
	<input type="checkbox"/> 1 or <input type="checkbox"/> 2			Size: <input type="text"/>

Folding Style: (check type)

<input type="checkbox"/> Letter Fold	<input type="checkbox"/> 1/2 Fold	<input type="checkbox"/> Pad
Cut:		No. of Sheets Per Pad:
Other:		Size:

Special Instructions:

Typesetting Charge:	<input type="text"/>	Authorized By:	<input type="text"/>
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