



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: _____

Standard Copies: B&W _____ Color: _____

Mixed, B&W and Color: _____

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> 8.5 x 11 | <input type="checkbox"/> Copy One to One Sided | <input type="checkbox"/> Collated and Stapled | <input type="checkbox"/> One Staple |
| <input type="checkbox"/> 8.5 x14 | <input type="checkbox"/> Copy One to Two Sided | <input type="checkbox"/> Collated Only | <input type="checkbox"/> Two Staples |
| <input type="checkbox"/> 11 x 17 | <input type="checkbox"/> Copy Two to Two Sided | <input type="checkbox"/> Un-collated, Stacks | <input type="checkbox"/> Landscape Staple |
| <input type="checkbox"/> Reduce / Enlarge | <input type="checkbox"/> Mixed Originals, Copy As Is | | |

Paper:

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Pastel paper (list color) _____ | <input type="checkbox"/> Transparencies |
| <input type="checkbox"/> White cardstock | <input type="checkbox"/> Bright paper (list color): _____ | <input type="checkbox"/> NCR Forms: 2 3 4 5 Part (circle) |
| <input type="checkbox"/> Laser White | <input type="checkbox"/> Pastel cardstock (list color): _____ | <input type="checkbox"/> Labels: _____ |
| <input type="checkbox"/> Laser White Cardstock | <input type="checkbox"/> Bright cardstock (list color): _____ | <input type="checkbox"/> Other Paper: _____ |

Finishing Services:

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> 3 Hole Drill | <input type="checkbox"/> Tape Binding | <input type="checkbox"/> Folding: | <input type="checkbox"/> Laminating: | <input type="checkbox"/> Cutting: |
| <input type="checkbox"/> Shrink Wrap | <input type="checkbox"/> Comb Binding | <input type="checkbox"/> Letter Fold | <input type="checkbox"/> Card | _____size |
| <input type="checkbox"/> Baggies | <input type="checkbox"/> Coil Binding | <input type="checkbox"/> Z Fold | <input type="checkbox"/> 8.5 x 11 | |
| | | <input type="checkbox"/> Half Fold | <input type="checkbox"/> 8.5 x 14 | |
| <input type="checkbox"/> Covers: | | <input type="checkbox"/> Double Fold | <input type="checkbox"/> 11 x 17 | <input type="checkbox"/> Padding: |
| <input type="checkbox"/> Clear Front | | <input type="checkbox"/> Custom Fold | <input type="checkbox"/> Oversize | # of pads _____ |
| <input type="checkbox"/> Black Back | | | (up to 24 " width) | sheets per pad: _____ |
| | <input type="checkbox"/> 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 |