

DIGITAL PRINT SERVICES REQUISITION

TO BE COMPLETED BY CLIENT	Title of job _____	
	Number of copies _____	Number of originals _____ <small>(count all sides to be reproduced)</small>
	Department _____	Charge to account number <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 3 3 2 0
	Copy approver _____	Phone _____ Fax _____

DELIVER

Deliver to _____ Building _____ Room _____ Phone _____
(name of recipient)

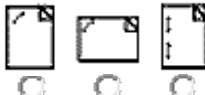
I will pick up Name _____ Phone _____

Signature _____ Date _____

PHOTOCOPY

Black Ink Color Ink


Print front and back Print front only Collate Finished size _____

Staple  Paper color _____ 3 hole punched paper

(select one)

BINDERY

Slip Sheet


Tape Bind Comb Bind Coil Bind Saddle Stitch  Cover stock


Blue Blue Blue


Black Black


cut to size _____

Fold size (select one)


single


letter


fanfold


double parallel fold

Cover color:

Special Instructions for non-listed options
(inserts, chapter start color, tab, etc.)

Below section is to be completed by Copy Center Staff Only

Date Received	Date entered	Copier: _____
Date Completed / Operator	Date Sent _____	Bindery: _____
	<input type="checkbox"/> Mail Services <input type="checkbox"/> Physical Plant <input type="checkbox"/> Fulfillment	Covers: _____
		Total: _____