

# Copy Center Request



Date of Request \_\_\_\_\_ Authorized by \_\_\_\_\_

Department \_\_\_\_\_ Phone # \_\_\_\_\_

Charge to Account Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Date Wanted \_\_\_\_\_

Number of your originals \_\_\_\_\_ Number of copies you need (goal) \_\_\_\_\_

Paper Color & # from warehouse \_\_\_\_\_ Total impressions \_\_\_\_\_

**Paper size /type:**  8.5 x 11 letter  8.5 x 14 legal  11 x 17 tabloid  8.5 x 11 (3 Hole punch)  NCR 2pt / 3pt

**Impressions:**  One side  Front and Back  Black & White  Color Copies

**Special Service:**  Scan  Business Cards (250) (500) (1000)

**Bindery:**  Cut \_\_\_\_\_  Fold (1/2) (1/3) (other)  Staple (top Lt) (side left x2) or (Booklet - 2middle~saddle)

E-Binder (100 pg max)  Comb Bind (450 sheet Max)  Cover \_\_\_\_\_ (color & #)  Shrink Wrap

Laminate  PAD  Transparency  Transfers  Poster larger than 11"x 17"

**Detail about order Special Instructions / Reference Job Name:**

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## For Copy Center Use Only

<b>Date Received</b> _____
<b>Date Completed</b> _____
<b>Office: 706-667-4161</b>
<b>Fax : 706-667-4642</b>
Submit order to: <b>ASUCopyCenter@aug.edu</b>
2500 Walton Way Augusta, GA 30904 Central Services Office (COS) Warehouse #204
Work Completed by: _____

Copy Cost B/W _____
Color Copies _____
Cover/ Lam _____
Binding _____
Cut _____
Fold _____
Shrink Wrap _____
Scan _____
Business Cards _____
Other _____
<b>Total Cost \$</b> _____

Picked up by: \_\_\_\_\_

Date: \_\_\_\_\_