



Copy Center Request

Central Services

Date of Request _____ Authorized by _____

Department _____ Phone# _____

Charge to Account Number _____

Contact Person _____ Date Wanted _____

Number of Originals _____ Number of Copies Wanted _____

Paper Color (from Central Supply Office catalog) _____ Total Copies _____

Paper size (check one) 8½ x 11 8½ x 14 11 x 17 8½ x 11, 3 holes

One side Shrink Wrap

Front and Back Fold

Covers Collate

Spiral Binding Color Copies

Tape Binding (up to 125 sheets) Weight of paper 20lb 67lb Cover

Staple (up to 70 sheets)

Picked-Up By _____ Received by/Date _____

Special Instructions _____

For Copy Center Use Only

Control Number _____

Copy Cost _____

Cover Cost _____

Date Received _____

Binding Cost _____

Cut Cost _____

Date Completed _____

Color Copies _____

Fold Cost _____

Shrink Wrap _____

Total Cost _____